S. No. 300
v. 10-48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9053

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5737 Registrar's No. _____

0610
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SUE CITY Mo Johnston Twp.
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MACON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SUE CITY-MO-JOHNSTON TWP
d. STREET ADDRESS (If rural, give location): 0610

3. NAME OF DECEASED (Type or Print): a. (First) NORA b. (Middle) c. (Last) HARRISON

4. DATE OF DEATH (Month) (Day) (Year): MARCH 8 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JULY 18 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEKEEPING
11. BIRTHPLACE (State or foreign country): MACON CO. MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN HARRISON
13b. MOTHER'S MAIDEN NAME: LOUISA HACKLEY
14. NAME OF HUSBAND OR WIFE: (SINGLE)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Sadie Ausmus Laplata — ADDRESS: Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma breast — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 170X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 27, 1951, *to* March 8, 1952, *that I last saw the deceased alive on* March 8, 1952 *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Hudson M.D. O
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL O
24b. DATE: March 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. Tabor
24d. LOCATION (City, town, or county) (State): 3½ mi-E- Atlanta Mo.

DATE REC'D BY LOCAL REG.: March 11 1952
REGISTRAR'S SIGNATURE: Mrs. O. B. Griffin 186 O
25. FUNERAL DIRECTOR'S SIGNATURE: Leo B. Easley Jr. — ADDRESS: Hurdland Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3.17.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.52.57
Date Filed 3.18.52

(17)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland Mo

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.