S. No. 300
v. 10.48

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27362

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 296

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1. PLACE OF DEATH
a. COUNTY: STATE HOSPITAL NO2l.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON MO. (Calloway)
c. LENGTH OF STAY (In this place): 4 yr 9.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL NO 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Miszouri
b. COUNTY: Morgon Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles Missouri.
d. STREET ADDRESS (If rural, give location): 0719

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

4. DATE OF DEATH (Month) (Day) (Year): SEPT* 3RD* 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: June- 17- 1861
9. AGE (In years last birthday): 91 — If under 1 year: Months 2, Days 15; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Keeping own home
10b. KIND OF BUSINESS OR INDUSTRY: Keeping own home
11. BIRTHPLACE (City and State or Foreign Country): Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A/.
13a. FATHER'S NAME: Thompson J. Kelley
13b. MOTHER'S MAIDEN NAME: Sallie Spencer
14. NAME OF HUSBAND OR WIFE: D. K.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hospital Records — ADDRESS: Fulton 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) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) FRACTURE OF HIP — 12 Days
DUE TO (c) Arterio- Sclerosis — Many Yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E9027 21

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT X / SUICIDE / HOMICIDE (Specify): Fracture Hip
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On Ward
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): FULTON MO CALLOWAY MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): AUG 22 1952 ? A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: ACCIDENTLY FELL OUT OF BED.

22. *I hereby certify that I attended the deceased from* June-20-52 *19*____, *to* Sept-3rd, *1952*, *that I last saw the deceased alive on* Sept- 2nd *19* 52, *and that death occurred at* 12:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: O Henry Howler M D (Degree or title)
23b. ADDRESS: Fulton - Mo
23c. DATE SIGNED: Sept-3rd

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 3 52
24c. NAME OF CEMETERY OR CREMATORY: Versailles City
24d. LOCATION (City, town, or county) (State): Versailles, Mo.

DATE REC'D BY LOCAL REG. Sept 3 1952 — REGISTRAR'S SIGNATURE: Marietta Lawrence 426-0 — 25. FUNERAL DIRECTOR'S SIGNATURE: H. F. Hedrick — ADDRESS: Versailles Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 1596

P. O. Address Versailles Mo

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.