

STANDARD CERTIFICATE OF DEATH

State File No. **33933**

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6128</u>		Registrar's No. <u>406</u>	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		c. LENGTH OF STAY (in this place) 1 hour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Henry c. (Last) Harrison			4. DATE OF DEATH (Month) (Day) (Year) Aug 29-1952				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 6-1920	9. AGE (in years last birthday) 32	IF UNDER 1 YEAR Months 5 Days 23	IF UNDER 1 MIN. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lime Mining		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Shannon County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME H. N. Harrison			13b. MOTHER'S MAIDEN NAME Imogene Halbert		14. NAME OF HUSBAND OR WIFE Daphne E. Harrison		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #2			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Daphne E Harrison Eminence, Mo ADDRESS _____		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed under overturned loading Tractor - severe internal hem.					30 min
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					E9122 4
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Eminence Lime Quarry		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eminence Shannon Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) Aug 29 1952		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Crushed under overturned loading tractor			
22. I hereby certify that I attended the deceased from Aug 29, 1952 , to Aug 29, 1952 , that I last saw the deceased alive on Aug 29, 1952 , and that death occurred at 9:15 am. , from the causes and on the date stated above.							
23a. SIGNATURE Thomas F. Wilson M.D. (Degree or title)				23b. ADDRESS Eminence Mo		23c. DATE SIGNED 9-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-31-52	24c. NAME OF CEMETERY OR CREMATORY New		24d. LOCATION (City, town, or county) (State) Winona, Mo.		
DATE REC'D BY LOCAL REG. 9-13-52		REGISTRAR'S SIGNATURE Mabel Rose 447			25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo. ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

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59

20 SEP 16 1952

24 1952

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 *Joe G. Duncan*

Licensed Embalmer No. *7325*

P. O. Address *W. View, 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.