

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

381173

State File No.

FILED DEC 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>148</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (If in place) <u>2 1/2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		d. STREET ADDRESS (If rural, give location) <u>RT 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Russell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RT 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u>		b. (Middle) <u>DELLA</u>		c. (Last) <u>HARRISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 18 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 8 1887</u>		9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Neelsville Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Neelsville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Mont Pool</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Williams</u>		14. NAME OF HUSBAND OR WIFE <u>R.B. Harrison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R.B. Harrison</u>			
				ADDRESS <u>Kennett Mo</u>			
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							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo. Cardiac heart disease</u>							
ANTECEDENT CAUSES							
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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-15, 1952</u> to <u>11-18, 1952</u> , that I last saw the deceased alive on <u>11-18, 1952</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L.C. Wilson, M.D.</u>				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>11-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11/20/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stumptown</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-18-52</u>		REGISTRAR'S SIGNATURE <u>Earl Hubbard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emery & Son Funeral Home</u>			
				ADDRESS <u>Charleston Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1352

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-20-52

COUNTY FILE NUMBER 1152-316

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's.....
Student Embalmer

Signed W. T. Emurian.....

Licensed Embalmer No. 959.....

P. O. Address Jacksonville, Ark.....

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.