

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42862

State File No. ....

FILED DEC 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>45</u>		
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>				
b. CITY OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Eldon</u>		3661		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 S. Mill</u>				d. STREET ADDRESS (If rural, give location) <u>202 S. Mill</u>				
3. NAME OF DECEASED (Type or Print) <u>Lowitta Harrison</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH <u>Dec. 4, 1952</u>			a. (Month) (Day) (Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 22, 1872</u>		
9. AGE (in years last birthday) <u>80</u>		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miller Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Zelfhia Roark</u> ADDRESS <u>Eldon, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		DUPLICATE					<u>2 years</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS					DUPLICATE	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE					DUPLICATE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		442X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>July</u> , 19 <u>50</u> , to <u>Dec 4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 10</u> , 19 <u>52</u> , and that death occurred at <u>10:10 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Deputy or title) <u>M. G. Humphrey D.O.</u>			23b. ADDRESS <u>Tuscumbia, Mo.</u>		23c. DATE SIGNED <u>12-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tuscumbia</u>		24d. LOCATION (City, town, or county) (State) <u>Tuscumbia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Adrianna Wall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u> ADDRESS <u>Tuscumbia</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

Louis D. Phillips

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

**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.