

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2585**
REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **2980** Registrar's No. **5**

FILED JAN 28 1953
BIRTH NO. _____

840
1

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

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Wishart Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Wishart Twp. 840	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) R. F. D. 1, Bolivar	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry Harrison c. (Last) Eulliss			4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 1, 1862
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	11. BIRTHPLACE (City and State or Foreign Country) North Carolina
13a. FATHER'S NAME Henry Eulliss		13b. MOTHER'S MAIDEN NAME Sarah Shoffner	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	14. NAME OF HUSBAND OR WIFE
17. INFORMANT'S SIGNATURE OR NAME Mrs. Tina Murray ADDRESS Rt. 1, Bolivar, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 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. Old age 491X	
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)		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 <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 on Jan 15, 1953 only , that I last saw the deceased alive on Jan 15, 1953 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Describe or title) [Signature]		23b. ADDRESS Morrisville, Mo.	
23c. DATE SIGNED Jan 22-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 22, 1953	
24c. NAME OF CEMETERY OR CREMATORY Enon Cemetery		24d. LOCATION (City, town, or county) (State) Polk County, Mo.	
DATE REC'D BY LOCAL REG. Jan 22, 1953		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Turpin Funeral Home Bolivar, Mo.	

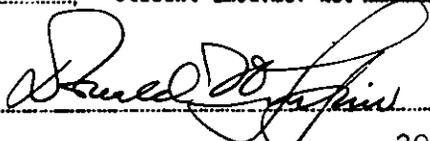
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.