

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4882

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>54 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>416 Lee St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EZRA</u>	b. (Middle)	c. (Last) <u>Harrison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>June 5, 1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public offices</u>	11. BIRTHPLACE (State or foreign country) <u>Yorkshire England</u> <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arthur Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Ann Armitage</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Harrison</u>
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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. Leonard V. Swanson</u>	ADDRESS <u>416 Lee St.</u>
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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 <u>1 wk</u> <u>3 wk</u> <u>4 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Peritonitis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Regional ileitis - acute</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>2-15-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Regional ileitis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>5720</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>Jan 21, 1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 21, 1953, to 2-14, 1953, that I last saw the deceased alive on 2-14, 1953 and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Grant M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>2-17-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 16, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 29, 1953</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casey</u> <u>446</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Funeral Home</u> ADDRESS <u>120 Illinois Av.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 FEB 8

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 *Emilia Clark*.....

Licensed Embalmer No. 4235.....

P. O. Address *St. Joseph 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.