

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8957**

State File No. \_\_\_\_\_

*P. H. Hump*  
FILED APR 9 1953

Registrar's No. 143

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before adjustment.)		
a. COUNTY <u>Butler</u>			a. STATE <u>Mo.</u>		b. COUNTY <u>Butler</u>
b. CITY (If outside corporate limits, write RURAL and give town or township)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township)		
OR TOWN <u>Poplar Bluff, Mo.</u>			OR TOWN <u>Williamsville</u> <u>0120</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>Route #1</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Samantha</u>	b. (Middle)	c. (Last) <u>Harrison</u>	March 2,		1953

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 17, 1888</u>		<b>9. AGE</b> (In years last birthday) <u>64</u>	<b>IF UNDER 1 YEAR</b> (Month) (Day) <u>6</u> <u>15</u>	<b>IF UNDER 24 HRS.</b> (Hour) (Min.)
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Unknown</u> <u>9</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>	
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<b>13a. FATHER'S NAME</b> <u>Unknown Walker</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Liza Jane Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>D.H. Harrison Poplar Bluff</u>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>D.H. Harrison Poplar Bluff, Mo.</u>				<b>ADDRESS</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute coronary occlusion</u>							
	ANTECEDENT CAUSES							
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u>							
	DUE TO (c) <u>arterio sclerosis, general</u>							
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from** 2-28, 1953, to 3-2, 1953, that I last saw the deceased alive on 2, 1953, and that death occurred at 9:45 P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Mrs. M. O'Brien</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Poplar Bluff, Mo.</u>		<b>23c. DATE SIGNED</b> <u>Mar 7, 1953</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3-4-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cem. Sunny Slope</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>April 4, 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Wm. H. Johnson</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Frank-Cotrell</u> <b>ADDRESS</b> <u>Poplar Bluff, Mo.</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0124  
C

S. No. 200  
10. 48

RECEIVED  
MAR 7 1953

BUTLER CO. HEALTH CENTER  
FILE No. 453-177

APR 6 1953

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 Wallace R. Knight

Licensed Embalmer No. 9514

P. O. Address 912 Vine Poplar Bluff - 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.