S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16747

State File No. .....

FILED MAY 8 1953

BIRTH NO. ..... REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 69

1003
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 25 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 101 N. Stoddard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 1003
d. STREET ADDRESS (If rural, give location): 408 S. Prairie

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Harvey c. (Last) Harrison

4. DATE OF DEATH (Month) (Day) (Year): April 23-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 6-1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and State or Foreign Country): Miller City Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Harrison
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Sudie Harrison

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.: —
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Sudie Harrison 408 S. Prairie Sikeston

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Insufficiency
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: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased ~~from~~ on* Apr. 15, 1953, *to* ....., 19..., *that I last saw the deceased alive on* April 15, 1953, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Andrew Blum Jr MD
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: May 1 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-26-53
24c. NAME OF CEMETERY OR CREMATORY: Garden of Memories
24d. LOCATION (City, town, or county) (State): Sikeston Missouri

DATE REC'D BY LOCAL REG.: 5-1-53
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 4-27-53
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Orville Taylor Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 553-103

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 J. Elgin McMillie

Licensed Embalmer No. 4695

P. O. Address E. Prairie 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.