

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20297**

FILED MAY 28 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1411**

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEMAY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEMAY - P. O. 4860</b>	
c. LENGTH OF STAY (in this place) <b>22 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>RR - BOX 547 - LEMAY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R. BOX - 547 - LEMAY</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RACHEL MILLER HARRISON</b> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY - 19 - 1953</b>	
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC - 22 - 1879</b>	9. AGE (In years last birthday) <b>73</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME HOUSEWORK</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>BRADFORD - ARK.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM MILLER</b>	13b. MOTHER'S MAIDEN NAME <b>RUTH BROWN</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM H. HARRISON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM HARRISON - LEMAY - MO</b>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>ACUTE CONGESTIVE HEART FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>ARTERIO SCLEROTIC HEART DISEASE</b>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <b>4200</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **APRIL 24, 1953**, to **MAY 20, 1953**, that I last saw the deceased alive on **APRIL 24, 1953**, and that death occurred at **9 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Reel B Harrison M.D.</b> (Degree or title)	23b. ADDRESS <b>607 No. GRAND</b>	23c. DATE SIGNED <b>5-21-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>MAY - 23 - 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS - Co. MO</b>
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DATE REC'D BY LOCAL REG. <b>5-22-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.Parker</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alfred Fern Home</b>	ADDRESS <b>St. Louis</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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