

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

22474

State File No.

FILED JUN 22 1953

BIRTH NO.

REG. DIST. NO. **278**

PRIMARY REG. DIST. NO. **3054**

Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (In this place) 1 month		d. STREET ADDRESS (If rural, give location) 515 North Carolina St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			

3. NAME OF DECEASED (Type or Print) EMMA	a. (First)	b. (Middle) ETHEL	c. (Last) HARRISON	4. DATE OF DEATH (Month) (Day) (Year) JUNE 10, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8, 1882	9. AGE (In years) (Months) (Days) (Hour) (Min.) 70 11 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Amos J. Feather	13b. MOTHER'S MAIDEN NAME Mary Jane Herring	14. NAME OF HUSBAND OR WIFE Samuel T. Harrison, Sr.
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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) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Ogden, Louisiana, Missouri	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* (a) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Arrest		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X			

19a. DATE OF OPERATION 5-22-53	19b. MAJOR FINDINGS OF OPERATION Heart, Liver, Kidneys, Spleen	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 May 18, 1953, to 6-10, 1953, that I last saw the deceased alive on 6-10, 1953, and that death occurred at 8:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. D. [Signature]	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 6-11-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/14/53	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 12, 1953 [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Sterne Funeral Home, Louisiana, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0821

0840

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, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.