

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25692

State File No. 8 53

No. 30C  
10.48

FILED JUL 25 1953

|  |  |   |   |  |  |   |   |   |  |
|--|--|---|---|--|--|---|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>213</u>   |   | PRIMARY REG. DIST. NO. <u>5781</u>   |  | Registrar's No. <u>8 53</u>   |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Miller</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> |  |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brumley Mo Rural</u>   |  | c. LENGTH OF STAY (in this place) <u>GLAIZE TWP Life</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brumley, Mo Rural</u>                                      |  | GLAIZE TWP  |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>  |  |   |   | d. STREET ADDRESS (If rural, give location) <u>None Rt. 1 0660</u>   |  |   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Milton</u>  |  | b. (Middle) <u>Benjamin</u>   |   | c. (Last) <u>Harrison</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 4, 1953</u>  |   |   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>April 2, 1867</u>   |   |   |  |
| 9. AGE (In years last birthday) <u>86</u>  |  | 10. MONTHS <u>3</u>   |   | 11. DAYS <u>2</u>  |  | 12. IF UNDER 18 HRS. Hours   Min. _____   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> |  |  | 11. BIRTHPLACE (State or foreign country) <u>Camden County, Mo.</u>                                 |   |   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |   | 13a. FATHER'S NAME <u>George W. Harrison</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Sarah Hobbs</u> |   | 14. NAME OF HUSBAND OR WIFE <u>Catherine S. Whittle</u> |   |  |
| 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>Catherine S. Harrison Brumley, Mo</u>   |  |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular-Renal</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Disease</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> |   |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yrs.</u>                                   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <u>442X</u>  |   |  |  |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?   |  |   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>Aug</u> , 1952, to <u>July 4</u> , 1953, that I last saw the deceased alive on <u>July 3</u> , 1953 and that death occurred at <u>3:15 Pm.</u> , from the causes and on the date stated above. |  |   |   |  |  |   |   |   |  |
| 23a. SIGNATURE (Degree or title) <u>John A. Mikalovich D.O.</u>  |  |   |   | 23b. ADDRESS <u>Crocker, Mo.</u>   |  | 23c. DATE SIGNED <u>7-5-53</u>  |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>July 5/53</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Elm Grove Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Richland, Mo Rural</u>                             |   |   |  |
| DATE REC'D BY LOCAL REG. <u>July 8, 1953</u>   |  | REGISTRAR'S SIGNATURE <u>Mrs. C. R. Hawkins</u>   |   | 1931-0   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedges</u> ADDRESS <u>Hedges Funeral Home Iberia, Mo</u> |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

1660

PUBLIC HEALTH

1914

HEALTH DEPARTMENT

7201

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 Walter P. Hedges

Licensed Embalmer No. 42657

P. O. Address Meriden, 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.