

**STANDARD CERTIFICATE OF DEATH**

39704

State File No. ....

S. No. 300  
V. 10.48

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

0621

BIRTH NO. 134 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3342 Registrar's No. 57

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Madison</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>	
c. LENGTH OF STAY (in this place) <u>3yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>611 Marlowe</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>611 Marlowe St.</u>			

<b>3. NAME OF DECEASED</b> a. (First) <u>Dosha</u> b. (Middle) <u>Belle</u> c. (Last) <u>Harrison</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 28, 1953</u>										
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Jan. 18, 1889</u>		<b>9. AGE (In years last birthday)</b> <u>64</u>		<b>IF UNDER 1 YEAR</b> Months <u>10</u> Days <u>10</u>		<b>IF UNDER 24 HRS.</b> Hours <u>  </u> Min. <u>  </u>	
<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> <u>Home</u>				<b>11. BIRTHPLACE</b> (State or foreign country) <u>Wayne County, Mo.</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>William Demet</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Allen</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Martin F. Harrison</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			<b>16. SOCIAL SECURITY NO.</b> <u>None</u>			<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Martin F. Harrison Fredericktown, Mo.</u>		

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension arteriosclerotic</u>							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
		_____							

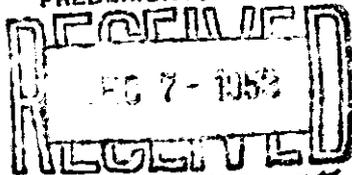
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>3342</u>				
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<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>				

22. I hereby certify that I attended the deceased from 4/14, 1952, to 11/28, 1953, that I last saw the deceased alive on 11/28, 1953 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Martin Grooman</u> (Degree or title)			<b>23b. ADDRESS</b> <u>Fredericktown, Mo.</u>			<b>23c. DATE SIGNED</b> <u>11/30/53</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>11/30/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Beulah Cemetery</u>			<b>24d. LOCATION (City, town, or county) (State)</b> <u>Madison County, Mo.</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>11-30-1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Therese Hicks</u>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Naaim Funeral Home Fredericktown, Mo.</u>				
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MADISON CO. HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 1253-57

**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 Charles McTear

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.