

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

2052

State File No.

BIRTH NO. FILED FEB 5 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 27

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)	
a. COUNTY <u>Marion</u>		a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		b. COUNTY <u>Marion</u>	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 3021 Market</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>3021 Market</u>		(If rural, give location) <u>0644</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Thomas</u>	b. (Middle) <u>Marion</u>	c. (Last) <u>Harrison</u>	(Month) <u>January</u>	(Day) <u>27</u>	(Year) <u>1954</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>July 12, 1862</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>15</u>	Hours <u>15</u>	Min.
------------------------------	---	---	---	---	---------------------------------------	---------------------------------------	--------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
--	--	---	---

13a. FATHER'S NAME <u>Willis Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>No record</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Bertie Harrison</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>Mrs. Bertie Harrison</u>	ADDRESS <u>Hannibal Missouri</u>
--	---	---	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Femoral neck Fract left.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>terminal bronchopneumonia</u>		
DUE TO (c)		E9040 21	
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 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) 119 (STATE)
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 6 54 7</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell at home</u>
--	---	--

22. I hereby certify that I attended the deceased from 1/8, 1954 to 1/27, 1954, that I last saw the deceased alive on 1/25, 1954, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. M. Strong M.D.</u>	(Degree or title)	23b. ADDRESS <u>11545th St Hannibal Mo</u>	23c. DATE SIGNED <u>1/28/54</u>
---	-------------------	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/29/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
---	------------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-1-54</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>	187-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>By W. C. Fisher</u>	ADDRESS <u>Hannibal Missouri</u>
--	---	--------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED FEB 3 1954
MARION CO. HEALTH DEPT.
DATE FILED FEB 3 1954

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.....
Signature of Student Embalmer

Signed *H. Crawford Smith*

Licensed Embalmer No.....381

P. O. Address Hannibal Mis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.