

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

4044

State File No.

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 231

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | |
| c. LENGTH OF STAY (In this place) 7 yrs | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 811 No. 10th St. | | e. STREET ADDRESS (If rural, give location) 811 North 10th St. 01170 | |

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|---|---|--|---------------------------------------|------------------------------------|------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Mary J | b. (Middle) Josephine | c. (Last) Harrison | Feb. | 27, | 1954 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 6, 1867 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) Kentucky | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | IF UNDER 24 HRS. Hours | IF UNDER 24 MIN. Min. |

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| 13a. FATHER'S NAME Not Known | 13b. MOTHER'S MAIDEN NAME Not Known | 14. NAME OF HUSBAND OR WIFE E.J. Harrison |
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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. 491-22-3280 | 17. INFORMANT'S SIGNATURE OR NAME Mrs Myrtle Olson | ADDRESS 811 No. 10th City |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | DUE TO (b) arteriosclerosis | undet |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 2-27, 1954, to 2-27, 1954, that I last saw the deceased alive on 2-27, 1954, and that death occurred at 12:05pm., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Herman M. Allison | 23b. ADDRESS 80 Joseph Mo | 23c. DATE SIGNED 3-1-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar. 2, 54 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
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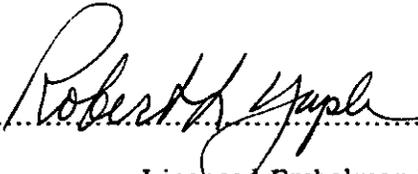
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|--------------------------------------|--|-------|---|
| DATE REC'D BY LOCAL REG. Mar 3, 1954 | REGISTRAR'S SIGNATURE Katherine M. Allison | 485-0 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman M. Sidexler 1802 Union St St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....


Licensed Embalmer No. 3308.....

P. O. Address St. Joseph, M.....

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.