

FILED JUN 14 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 15641

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>601 Jefferson</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>601 Jefferson Clinton mo</u>		d. STREET ADDRESS (If rural, give location) <u>601 Jefferson</u> 0422	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wietzel Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1954</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLIE</u>		b. (Middle) <u>FITZGERALD</u>		c. (Last) <u>HARRISON</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 14, 1878</u>	
9. AGE (in years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Higgenville mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. KIND OF BUSINESS OR INDUSTRY <u>School teaching</u>		13a. FATHER'S NAME <u>Edward Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Whitehurst</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Harrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss S. E. Brown</u>		ADDRESS <u>Clinton mo</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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Circulatory Encephalomalacia</u> 34 days DUE TO (c) <u>Heart block &amp; arteriosclerosis</u> 8 yrs							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? 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. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <u>1946</u> , to <u>June 7, 1954</u> that I last saw the deceased alive on <u>June 6, 1954</u> , and that death occurred at <u>12:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gust Wietzel MD</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>June 7</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Waverly mo</u>	
DATE REC'D BY LOCAL REG. <u>June 8 - 54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nichman &amp; Hunning</u>		ADDRESS <u>Clinton mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Robert L. Dunning*

Licensed Embalmer No. *4910*

P. O. Address *Clinton 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.