

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40674

State File No.

390

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5468 Registrar's No. 1117-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Strafford</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>	c. CITY OR TOWN <u>Strafford</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Taylor township</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Taylor township</u>		<u>0390</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Garland</u> b. (Middle) <u>L.</u> c. (Last) <u>Harrison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8-1954</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>Feb. 2-1905</u>
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Harrison</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ann Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Leora M. Harrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give var or dates of service) <u>493-36-9839</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leora M. Harrison - Strafford, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanoma</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		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 <u>190x</u>	
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. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>1918</u> , <u>1954</u> , to <u>12/7</u> , <u>1954</u> , that I last saw the deceased alive on <u>12/7</u> , <u>1954</u> , and that death occurred at <u>6:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>R. F. Frost, M.D.</u>		23b. ADDRESS <u>Strafford Mo.</u>	23c. DATE SIGNED <u>12/19/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>12-13-54</u>	REGISTRAR'S SIGNATURE <u>W. Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Jones</u>	ADDRESS <u>Springfield, Mo.</u>

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

DEC 27

11/11

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 Geo. J. Hanning
Licensed Embalmer No. 331

P. O. Address Springfield, Miss.

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.