

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Twp. (Rural)</u>		c. CITY OR TOWN <u>Fulton Twp.</u>	d. In Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 yr</u>		e. STREET ADDRESS (If rural, give location) <u>RFD 3 Fulton Mo. 0140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence Rt. 3 Fulton Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>Jerome</u>	c. (Last) <u>Harrison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 29, 1935</u>	9. AGE (In years last birthday) <u>19</u>	10 UNDER 1 YEAR Months _____ Days _____	11 UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Helper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Soda Truck</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>C.F. Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>Frankie Mayes</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>no</u>	16. SOCIAL SECURITY # <u>488 38 1174</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C.F. Harrison</u>	ADDRESS <u>Fulton Mo.</u>
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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>Acute</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Cervical Cord</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gunshot Wound, neck</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E9190</u> <u>19</u>	

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Twp. Callaway Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Jan 12 1955 10:15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidental Gun Shot</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter J. Lewis M.D.</u>	23b. ADDRESS <u>Fulton, Missouri</u>	23c. DATE SIGNED <u>1-15-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 15, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 15 1955</u>	REGISTRAR'S SIGNATURE (426-) <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Maupin Funeral Home Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Nancy A. Stewart*.....

Licensed Embalmer No. *372*

P. O. Address *Fullerton*

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.