

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **979**  
Registrar's No. **30**

FILED JAN 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3023**

1. PLACE OF DEATH a. COUNTY <b>HENRY</b> <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLINTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b> <b>0070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	

3. NAME OF DECEASED (Type or Print) <b>GEORGE E. ELMER HARRISON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 22 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. <del>MARRIED</del> NEVER MARRIED. <del>WIDOWED</del> <del>DIVORCED</del> <del>RECEIVED</del>	8. DATE OF BIRTH <b>June 3, 1873</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kentland, Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>William Harrison</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth White</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Harrison</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Arterio sclerosis heart disease 3 yr</b>		19. ADDRESS

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerosis heart disease 3 yr</b>		INTERVAL BETWEEN ONSET AND DEATH
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	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) (Min.)	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 <b>Jan 21, 1955</b> to <b>Jan 22, 1955</b> , that I last saw the deceased alive on <b>Jan 21, 1955</b> , and that death occurred at <b>5:20 P.M.</b> , from the causes and on the date stated above.		

23a. SIGNATURE <b>James O. Smith</b> (Degree or title)	23b. ADDRESS <b>Clinton Mo</b>	23c. DATE SIGNED <b>Jan 24-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Jan 24-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cove Creek</b>
24d. LOCATION (City, town, or county) (State)	<b>Meruuch MO</b>	
DATE REC'D BY LOCAL REG. <b>Jan 24-55</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Brown</b> ADDRESS <b>Meruuch MO</b>

FEB 11 1900

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 R. R. Kerney

Licensed Embalmer No. 3099

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.