

FILED APR 25 1955 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11187**
Registrar's No. **102**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. CITY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN Fulton	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 Callaway Hospital		e. STREET ADDRESS (If rural, give location) 198 St. Louis Ave. 0143	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Henry	c. (Last) Harrison	4. DATE OF DEATH (Month) (Day) (Year) April 20, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 13, 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 yrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Rural Mail Carrier	11. BIRTHPLACE (City and State or Foreign Country) Cole County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John C. Harrison	13b. MOTHER'S MAIDEN NAME G. Callie Jones	14. NAME OF HUSBAND OR WIFE Ermie 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. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ermie Harrison	ADDRESS Fulton Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4/14/55
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cerebral hemorrhage onset		
	ANTECEDENT CAUSES DUE TO (b) arteriosclerosis, hypertension DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 None	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) Fulton, Mo.
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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?
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22. I hereby certify that I attended the deceased from **4/16, 1955**, to **4/20, 1955**, that I last saw the deceased alive on **4/20, 1955**, and that death occurred at **9:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Nancy D. Smith, M.D.	23b. ADDRESS Fulton, Mo.	23c. DATE SIGNED 4/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 22 1955	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton Missouri.
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DATE RECD BY LOCAL REG. Apr 23-1955	REGISTRAR'S SIGNATURE Martha Lawrence	FUNERAL DIRECTOR'S SIGNATURE Marjorie Tamm	ADDRESS Home Fulton Mo
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(Licensed Embalmers' Statement on Reverse Side)

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

MAY 6

MAY 5 1955

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.....
Harry C. 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.