

FILED MAY 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 14398

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

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo Delta Community Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>710 Scott St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Myrtle</u> c. (Last) <u>Harrison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1955</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>Sept. 7, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Farrenburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Baker Haithcoat</u>		13b. MOTHER'S MAIDEN NAME <u>Martha H. Burgess</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Harrison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Lee Powell New Madrid, Missouri</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Hypertrophy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Edema</u> <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 M.O.</u> <u>1 year</u> <u>2 Wks</u>	
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) <u>4222</u>			
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>10-6</u> , 19 <u>54</u> , to <u>4-19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-19</u> , 19 <u>55</u> , and that death occurred at <u>10:07 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Richardson M.D.</u> (Degree or title) _____			23b. ADDRESS <u>217 S. Kingshighway</u>		23c. DATE SIGNED <u>4-22-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/22/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near New Madrid, Mo.</u>	
DATE REC'D BY LOCAL REG <u>4-26-55</u>		REGISTRAR'S SIGNATURE <u>Mr. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richardson M.D. New Madrid</u>			

DATE RECEIVED MAY 2 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 555-92

MAY 9

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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 Thomas L. Roberts

Licensed Embalmer No. 4886

P. O. Address New Market, Va.

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.