

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

STANDARD CERTIFICATE OF DEATH

15984

State File No. _____

FILED JUN 6 1955

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u> c. LENGTH OF STAY (in this place) <u>10 Yrs</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u> d. STREET ADDRESS (If rural, give location) _____	
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3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Elvin</u> c. (Last) <u>Harrison</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1955</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 4, 1877.</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR (Months) <u>1</u>	IF UNDER 24 HRS. (Hours) <u>17</u>	IF UNDER 5 MIN. (Min.) <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>Joseph Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ball</u>	14. NAME OF HUSBAND OR WIFE <u>Lu Stinson</u>
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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 NO. <u>725-07-3796</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lu Harrison</u> <u>La Plata, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno. Carcinoma of Prostate, bladder + Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno. carcinoma prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>177X</u>	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)
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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 May 18, 1955 to May 21, 1955 that I last saw the deceased alive on _____, 19____, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph G. Gilbert DO</u>	23b. ADDRESS <u>La Plata, Mo.</u>	23c. DATE SIGNED <u>5-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 23 '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 24 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. O. B. Griffin</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Stinson</u> <u>La Plata Mo.</u>
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RECEIVED 6-2-55
MACON COUNTY HEALTH DEPARTMENT
County File No. 6-55-78
Date Filed 6-10-55

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: *Denney M. Wilson*

Licensed Embalmer No. *4701*

P. O. Address *La Plata Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.