

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25218**
Registrar's No. **157**

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 157				
1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY CALLAWAY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN WILLIAMS BURG		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION ALLEN NURSING HOME				e. STREET ADDRESS (If rural, give location) 0171						
3. NAME OF DECEASED (Type or Print) a. (First) ESTH MA			b. (Middle) HARRISON			c. (Last) HARRISON		4. DATE OF DEATH (Month) (Day) (Year) AUG. 1 1955		
5. SEX F		6. COLOR OR RACE W		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB. 5 1871		9. AGE (in years last birthday) Months Days Hours Min. 84		
10a. USUAL OCCUPATION (Give kind of work done during greater of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Had Wife		11. BIRTHPLACE (City and State or Foreign Country) MO Callaway County			12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME THOMAS YATES			13b. MOTHER'S MAIDEN NAME KATE LANGTRY			14. NAME OF HUSBAND OR WIFE THOMAS HARRISON				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Lowell Yates Williams				ADDRESS MO	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat exhaustion					INTERVAL BETWEEN ONSET AND DEATH 3 days		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inferiority of eye					10 days		
			DUE TO (c)							
			II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9319							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION Alc						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) 139				
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 3-25, 1955 to 8-1, 1955 that I last saw the deceased alive on 7-28, 1955 , and that death occurred at 5:20 a.m. , from the causes and on the date stated above.										
23a. SIGNATURE Mallenbach			23b. ADDRESS (Degree or title) M.D. Mexico, Mo			23c. DATE SIGNED Aug 1, 1955				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE AUG 3, 1955		24c. NAME OF CEMETERY OR CREMATORY OLD AUXVASSE		24d. LOCATION (City, town, or county) (State) Callaway County Mo				
DATE REC'D BY LOCAL REG. Aug 3-1955		REGISTRAR'S SIGNATURE Blanche Neely			25. FUNERAL DIRECTOR'S SIGNATURE (Address) Managers Funeral Home, Fulton, Mo					

WRITE PLAINLY—USING UNFADEING 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 *Samy A. Dewaele*.....

Licensed Embalmer No. *372*.....

P. O. Address *Fulton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.