

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29141

FILED SEP 27 1955

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. CITY OR TOWN <u>FULTON</u>	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 <u>CALLAWAY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>102 ST LOUIS AVE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALTER</u>	b. (Middle) <u>MONROE</u>	c. (Last) <u>HARRISON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 18, 1955</u>
-------------------------------------	--------------------------	---------------------------	---------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 3, 1881</u>	9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	# UNDER 100 Hrs. Hours <u></u> Mins. <u></u>
--------------------	-------------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WIAW ENGINEER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>AUX VASSE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
--	--	--	--

13a. FATHER'S NAME <u>JOHN ARNOLD HARRISON</u>	13b. MOTHER'S MAIDEN NAME <u>ANNIE FISH</u>	14. NAME OF HUSBAND OR WIFE <u>MARY C HARRISON</u>
--	---	--

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>492-36-7598</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lou Harrison</u> ADDRESS <u>Fulton Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>+ 2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic prostatitis</u> DUE TO (c) <u>177X</u>		
II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chr hypertensive arteriosclerosis</u>		- years years	

19a. DATE OF OPERATION <u>1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</u>	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 April 1944 to Sept. 18, 1955, that I last saw the deceased alive on 9/18, 1955, and that death occurred at 1:57 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nancy Durdan, D.</u>	23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>9/19/55</u>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SCOTT ST AUXVASSE</u>	24d. LOCATION (City, town, or county) (State) <u>AUXVASSE MO</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9/24/55</u>	REGISTRAR'S SIGNATURE <u>Marjette Lawrence</u> <u>426-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maurice Funeral Home Fulton Mo</u> ADDRESS <u>Fulton Mo</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

Mo. 300
0-48

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 *Wm. A. [Signature]* Licensed Embalmer No. 322

P. O. Address *Dulles*

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.

