

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12935  
STATE FILE NUMBER

FILED APR 23 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>ARKANSAS</b> b. COUNTY <b>BOONE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Harrison</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>		Length of stay in hospital <b>18 days</b>	d. STREET ADDRESS (If outside, give location) <b>Route #2</b>
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>LEE</b> Last <b>HARRISON</b>			4. DATE OF DEATH Month <b>April</b> Day <b>18</b> Year <b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>June 30, 1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Water Company</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Employed by Harrison Ark,</b>	9. AGE (In years last birthday) <b>62</b>
11. BIRTHPLACE (City and state or country) <b>Mountain Grove, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>(Unknown) Harrison</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Bell Wilkerson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes Not known</b>		16. SOCIAL SECURITY NO. <b>432-44-6937</b>	17. INFORMANT <b>Gloria Lee Harrison, Harrison, Arkansas</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Quadraplegia</b>			<b>18 days</b>
DUE TO (c) <b>Fracture-dislocation, cervical spine</b>			<b>18 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>One car accident</b>		
20c. TIME OF INJURY Hour <b>3:00</b> p. m. Month, Day, Year <b>3-31-56</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Road</b>	20f. CITY, TOWN, OR LOCATION <b>(2 1/4 North of Ark) TANEY Co. MO</b>	COUNTY STATE
21. I attended the deceased from <b>Mar 31, 1956</b> to <b>April 18, 1956</b> and last saw her/him <b>live on</b> <b>April 18, 1956</b> Death occurred at <b>8:35 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Frank D. Sundstrom, M. D.</b>			22b. ADDRESS <b>Springfield, Mo.</b>
22c. DATE SIGNED <b>Apr 18, 1956</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4/18/56</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Harrison, Arkansas</b>
24. FUNERAL DIRECTOR <b>H.H. Lohmeyer</b>		ADDRESS <b>Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-19-56</b>
26. REGISTRAR'S SIGNATURE <b>(Gloria Wilkerson)</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Disorders in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MAY 4 1956

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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.....  
Signature of Student Embalmer

Signed *V. L. McCann*.....

Licensed Embalmer No. *27*.....

P. O. Address *Spring*.....

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.