

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22794

STATE FILE NUMBER

FILED AUG 13 1956

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 250

Health, Welfare, Public, Service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
1-0

1. PLACE OF DEATH a. COUNTY <u>Boone</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, give TOWNSHIP only) OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Fulton</u> <u>143</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> Length of stay in lb <u>20 days</u>		d. STREET ADDRESS (If outside, give location) <u>911 Grand Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>Ewing</u> Last <u>HARRISON</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>7</u> Year <u>1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 8, 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cab</u>	11. BIRTHPLACE (City and state or country) <u>Callaway County Mo</u>
13. FATHER'S NAME <u>Will Harrison</u>		14. MOTHER'S MAIDEN NAME <u>Ila Mae Miller</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW 1</u>		16. SOCIAL SECURITY NO. <u>488 24 5169</u>	17. INFORMANT <u>Mrs. Elva Harrison</u> Address <u>Fulton Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SAPREMIA</u> DUE TO (b) <u>DRY GANGRENE</u> DUE TO (c) <u>ARTERIOSCLEROSIS OF AORTA</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u> <u>7 DAYS</u> <u>UNKNOWN.</u>
20a. ACCIDENT <input 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.) <u>4501.</u>	
20c. TIME OF INJURY Hour <u>9:50 A</u> Month <u>7</u> Day <u>56</u> Year <u>56</u> a. m. <u>9:50 A</u> p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Fulton</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>18 Jul 56</u> to <u>7 Aug 56</u> and last saw ^{her} <u>him</u> alive on <u>7 Aug 56</u> Death occurred at <u>9:50 A</u> <u>m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Clive P. Rodgers, M.D.</u>		22b. ADDRESS <u>101 W. Broadway</u>	
22c. DATE SIGNED <u>7 Aug 56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem. Gardens</u>	
23c. DATE <u>8/9/56</u>		23d. LOCATION (City, town or county) (State) <u>Fulton Missouri.</u>	
24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u> ADDRESS <u>Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 10 1956</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

150. 17. 832

650

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 *[Handwritten Signature]*.....

Licensed Embalmer No. *372*

P. O. Address *[Handwritten Address]*

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.