

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25907

State File No. ....

FILED SEP 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 173

4

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

1. PLACE OF DEATH a. COUNTY <u>Dudrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Dudrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>4 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woolery Rest Home</u>		c. CITY OR TOWN <u>Mexico</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>811 S. JEFFERSON</u>		00430	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Victor</u> b. (Middle) <u>Lugo</u> c. (Last) <u>HARRISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 28-1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>MARCH-30-1868</u>
9. AGE (In years last birthday) <u>88</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>FARMER</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>CALLAWAY, CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>SAMUEL T. HARRISON</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY J. FRENCH</u>	
14. NAME OF HUSBAND OR WIFE		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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leroy French, Durvasse, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u> ANTECEDENT CAUSES <u>no specific</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1991</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) m.		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 <u>Aug 27, 1956</u> , to <u>Aug 28, 1956</u> , that I last saw the deceased alive on <u>Aug 28, 1956</u> , and that death occurred at <u>6:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.D. Lambert</u>		23b. ADDRESS (Degree or title) <u>M.D. 2445 E. 15th St. MO</u>	
23c. DATE SIGNED <u>8-28-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Aug 30-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friendship</u>	
24d. LOCATION (City, town, or county) (State) <u>Boonell MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Manfredo Funeral Home Jullow MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 30-1956</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

9-0

**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. *Glew Y. Maupein*  
Licensed Embalmer No. *2725*  
P. O. Address *Vultaw, Mo*

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.