

FILED DEC 3 1956 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

State File No. 38726  
Registrar's No. V30

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4315

1. PLACE OF DEATH a. COUNTY <i>Macon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Macon</i>	
b. CITY OR TOWN <i>La Plata</i>		c. CITY OR TOWN <i>La Plata</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>0610</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Feustus</i> b. (Middle) <i>Along</i> c. (Last) <i>Harrison</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>11 23 1956</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>1-4-1874</i>		9. AGE (In years last birthday) <i>82</i>		10. UNDER 1 YEAR Days <i>19</i> 11. UNDER 1 MONTH Hours <i>19</i> Min.	
10a. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) <i>Retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>For self</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Macon County Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Thomas Harrison</i>		13b. MOTHER'S MAIDEN NAME <i>Florence Redwood</i>	
14. NAME OF HUSBAND OR WIFE <i>Mary Louisa Harrison</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Neva Mason</i>		17. ADDRESS <i>Burlington Iowa</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		II. OTHER SIGNIFICANT CONDITIONS		<i>11 days</i>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>Hypertension</i>		<i>years?</i>	
DUE TO (c) <i>Arterio-sclerosis</i>		DUE TO (c) <i>Arterio-sclerosis</i>		<i>years?</i>	
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 <i>331x</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. 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 *Nov 11 1956* to *Nov 23 1956*, that I last saw the deceased alive on *Nov 22 1956*, and that death occurred at *3:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Calvin Gillis D.D.</i>		23b. ADDRESS <i>La Plata, Mo</i>		23c. DATE SIGNED <i>11-27-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Nov</i>		24c. NAME OF GEMETERY OR CREMATORY <i>La Plata Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>La Plata Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>D.S. Christie</i>		25. ADDRESS <i>La Plata Mo</i>	
DATE REC'D BY LOCAL REG. <i>Nov 28/56</i>		REGISTRAR'S SIGNATURE <i>Cuth McNeely</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>D.S. Christie</i>	

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

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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 *D. S. Christie*

Licensed Embalmer No. *1109*  
P. O. Address *Lolata W*

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