

STANDARD CERTIFICATE OF DEATH

9467

State File No.

FILED MAR 19 1957

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4337 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. CITY OR TOWN <u>PARIS</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>314 W. MONROE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 W. MONROE ST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HELENA</u> b. (Middle) <u>AMANDA</u> c. (Last) <u>HARRISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 14, 1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 14, 1882</u>	9. AGE (in years) last birthday <u>75</u>	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Augustus Simon</u>		13b. MOTHER'S MAIDEN NAME <u>Suzanne Chamberlain</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Harrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Della Harrison</u> ADDRESS <u>Paris, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>N.K.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity 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 <u>Jan 57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Coronary Artery Sclerosis 155x</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 Jan 2, 1957, to MAR 14, 1957, that I last saw the deceased alive on MAR 14, 1957, and that death occurred at 8:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm M. Bynum M.D.</u>		23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>3-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-17-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WAGNET GROVE</u>	
				24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>	

DATE REC'D BY LOCAL REG. <u>3-15-57</u>		REGISTRAR'S SIGNATURE <u>J. L. Barnard M.D.</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u> ADDRESS <u>PARIS, MISSOURI</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

4350

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..... *A. G. Blakey*

Licensed Embalmer No. *2616*

P. O. Address PARIS, MISSOURI

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.