

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12414**

FILED APR 23-1957

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>30 11</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <b>Carroll</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carrollton,</b>		c. LENGTH OF STAY (in this place) <b>9 mo.</b>		c. CITY OR TOWN <b>Carrollton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>216 S. Main St.</b>				e. STREET ADDRESS (If rural, give location) <b>216 South Main St.</b> <span style="float: right;">017/2</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b> b. (Middle) <b>James</b> c. (Last) <b>Harrison</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 16, 1957</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 23, 1891</b>	
9. AGE (In years last birthday) <b>65</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wire Chief</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>S.W.B. Telephone</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Carroll County</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Harrison</b>		13b. MOTHER'S MAIDEN NAME <b>Leona Templeton</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth Harrison</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>CO. H. Mexc. Bdr. 488-07-6143</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ruth Harrison Carrollton, Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES 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.				INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>332x</b>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" 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) (Minute)		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 <b>Jan</b> , 19 <b>50</b> , to <b>April 16</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>April 15</b> , 19 <b>57</b> , and that death occurred at <b>11:30 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John H. Platz</b>		23b. ADDRESS <b>JOHN H. PLATZ, M.D. 303 N. Main St. Carrollton, Missouri</b>				23c. DATE SIGNED <b>4/17/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/18/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carrollton, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4/18/57</b>		REGISTRAR'S SIGNATURE <b>Mr. Herbert Calvert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Marshall Funeral Home Carrollton,</b>			

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

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MAY 1 1957

NOV 12 1957

**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..... *R. M. [Signature]*

Licensed Embalmer No...4460.....

P. O. Address....Carrollton;

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.