

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16827  
Registrar's No. 5

FILED JUN 3 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4210

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Ridgeway</u>		c. CITY OR TOWN <u>Ridgeway</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. STREET ADDRESS <u>S.P.R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Care</u>		(If rural, give location) <u>0410</u>	

3. NAME OF DECEASED (Type or Print) <u>Amy - Clough Harrison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-1957</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 22-1880</u>	9. AGE (In years last birthday) <u>77</u>	Months <u>7</u>	Days <u>1</u>	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Keeper of a home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Union Co Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Samuel Clough</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Marley</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Harrison</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Harrison</u>		ADDRESS <u>Ridgeway Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		DUE TO (b) <u>ARTERIO SCLEROTIC HEART DISEASE</u>				<u>15 HOURS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1</u>							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u>	
				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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from MAY 1, 1957, to MAY 23, 1957, that I last saw the deceased alive on MAY 23, 1957 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert T. Tubbe M.D.</u>		23b. ADDRESS <u>Box 33 Bethany, Mo.</u>		23c. DATE SIGNED <u>5-25-57</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-26-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keweenaw Ridgeway Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-1-57</u>		REGISTRAR'S SIGNATURE <u>Zella Mayers</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Robert R. Boggers</u>		ADDRESS <u>Ridgeway</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

547

926

JUL 2 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 .....  
Student Embalmer

Signed Robert R. Bogger

Licensed Embalmer No. 9576

P. O. Address Pidaway 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 this body is not embalmed, fact should be so stated above.