

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33027

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Madison, RR</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS <u>XXXXXXXX</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Cy Clark Harrison</u>		4. DATE OF DEATH Month Day Year <u>9 5 1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>5/9/1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and state or country) <u>Madison, Mo RR</u>
13a. FATHER'S NAME <u>John Franklin Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bell Crockett</u>	14. NAME OF HUSBAND OR WIFE <u>Thelma Boulware*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. <u>492-42-6109</u>	17. INFORMANT Address <u>Thelma Harrison Madison, M RR</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Renal Suppression</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute Hemorrhagic Pancreatitis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5870</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4 days.</u> <u>6 days.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>31 Aug 1957</u> to <u>Sept. 5, 1957</u> and last saw her alive on <u>Sept. 5, 1957</u> Death occurred at <u>11:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased's title) <u>Thelma Boulware</u>	
22b. ADDRESS <u>Moberly, Missouri</u>		22c. DATE SIGNED <u>9-6-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Sept 7, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Madison, MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Frank G. Thompson Madison, M.</u>		25. DATE RECD. BY LOCAL REG. <u>9/7/57</u>	26. REGISTRAR'S SIGNATURE <u>Thelma Boulware</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Decay, color, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 25 1987

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 *James F. ...*

Licensed Embalmer No. *3282*

P. O. Address *...*

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.