alth, Welfare blic rvice

00 57 1

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

82

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Audrain	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mexico — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 403 E. Promenade — Length of stay in 1b Years	d. STREET ADDRESS (If outside, give location) 403 East Promenade — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Minnie	Middle: L.	Last: Harrison	4. DATE OF DEATH Month: Feb. Day: 4 Year: 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Jan. 10, 1878	9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (City and state or country): Audrain County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: John T. Harrison	13b. MOTHER'S MAIDEN NAME: Elizabeth Harper	14. NAME OF HUSBAND OR WIFE: None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. David May	Address: 403 E. Promenade Mexico, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Pulmonary Edema	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Heart Disease	unknown
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Nov 10, 1957, to Feb 4, 1958 and last saw her/him alive on Feb 4, 1958. Death occurred at Feb 4, 1958 6 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ernest S Gantt MD	22b. ADDRESS: Mexico, Mo	22c. DATE SIGNED: 2-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2-6-1958	23c. NAME OF CEMETERY OR CREMATORY: Benton City Cemetery	23d. LOCATION (City, town, or county) (State): Benton City, Missouri
24. FUNERAL DIRECTOR ADDRESS: Arnold Funeral Home Mexico, Mo.	25. DATE RECD. BY LOCAL REG.: Feb 6-1958	26. REGISTRAR'S SIGNATURE: Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 24 1962

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 Rex Miller

Licensed Embalmer No. 449

P. O. Address Mexico

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.