URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-034871

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 46

ENDED

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sweet Springs — Length of stay in 1b: 17 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Forsyth Restorium — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Sweet Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 312 So. Locust — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First / Middle / Last: George Benjamin McClellan Harrison

4. DATE OF DEATH: Month / Day / Year: October 9th 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-8-1862
9. AGE (last birthday): 97 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurseryman
10b. KIND OF BUSINESS OR INDUSTRY: Nursery
11. BIRTHPLACE (City and state or country): Madison Mill, Ohio
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: David Vance Harrison
13b. MOTHER'S MAIDEN NAME: Mary Hicks
14. NAME OF HUSBAND OR WIFE: ----------

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 — Address: Mrs. Charles Berry, Sweet Sprgs. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, Generalized — 20 yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 9.23.59. to _____ and last saw ~~her~~ him alive on 10.9.59
Death occurred at 9:45 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles [illegible] Mo
22b. ADDRESS: Sweet Springs, Mo
22c. DATE SIGNED: 10.10.59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-11-59
23c. NAME OF CEMETERY OR CREMATORY: Ridge Park Cemetery
23d. LOCATION (City, town, or county) (State): Marshall, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Campbell-Lewis Marshall, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 10, 1959
26. REGISTRAR'S SIGNATURE: Mary Mosley

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or~~ by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R.W. Campbell

Signature of Student Embalmer

Licensed Embalmer No. 3464

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.