

FILED VS NOV 6 1959

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

59-036766

STATE FILE NUMBER

 Dept. Health,  
 & Welfare  
 J. S. Public  
 Health Service

 Registration District No. 171 Primary Registration District No. 5637 Registrar's No. 51

 V.S. 300  
 Rev. 1-56

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Decur, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clay Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Wellington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>enroute to Hosp.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>KEITH</u> Middle <u>V</u> Last <u>HARRISON</u>		4. DATE OF DEATH Month <u>October</u> Day <u>29</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 12, 1911</u>
9. AGE (In years last birthday) <u>48</u>		10. KIND OF BUSINESS OR INDUSTRY <u>tug boat Operation</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>tug boat Operation</u>		11. BIRTHPLACE (City and state or country) <u>Abbey Ville, Kansas</u>	
13. FATHER'S NAME <u>Arthur Harrison</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W. II</u>		14. MOTHER'S MAIDEN NAME <u>Mayme Lyon</u>	
16. SOCIAL SECURITY NO. <u>486-26-1990</u>		17. INFORMANT Address <u>Mrs. Lydia Harrison Wellington, Mo.</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>Natural cause probably coronary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Occurrence</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>4201</u>			19. INTERVAL BETWEEN ONSET AND DEATH
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 _____ a. m. _____ p. m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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.) <u>_____</u>	
20f. CITY, TOWN, OR LOCATION <u>Wellington</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>After death</u> to _____ and last saw <sup>her</sup> him alive on <u>never</u> Death occurred at <u>2:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Odessa Mo</u>	
22c. DATE SIGNED <u>10-31-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/31/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>
24. FUNERAL DIRECTOR <u>J. C. Sheppard Wellington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-4-1959</u>	26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>

(Licensed Embalmer's Statement on Reverse Side)

4530

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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 *J. Clair Hayward* .....

Licensed Embalmer No. *4179* .....

P. O. Address *Wellington, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.