

FILED VS SEP 29 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-034599

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Iron</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lesterville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>0900 General Delivery</u>
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Zimri</u> Last <u>Harrison</u>			4. DATE OF DEATH Month <u>9</u> Day <u>16</u> Year <u>60</u>		
5. SEX <u>C</u> <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 <u>WIDOWED</u> <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10/12/1887</u>		9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mercantile</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>		11. BIRTHPLACE (City and state or country) <u>Centerville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US.A.</u>			13. FATHER'S NAME <u>J.R. Harrison</u>		
14. MOTHER'S MAIDEN NAME <u>Docia Mann</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO. <u>495-16-7460</u>		17. INFORMANT <u>Edwin Harrison</u>		Address <u>Arcadia Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9-17-60</u> to <u>9-16-60</u> and last saw ^{her} him alive on <u>9-16-60</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Joseph A. Howell</u> (Doctor or title)			22b. ADDRESS <u>Centerville Mo</u>		22c. DATE SIGNED <u>9/16/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9/18/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centerville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Centerville Mo.</u>
24. FUNERAL DIRECTOR <u>C.A. Howell</u>		ADDRESS <u>Ironton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9/17/60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ann Jones</u>

SEP 29 1960

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 *C.R. Howard*.....
Licensed Embalmer No. *367*.....
P. O. Address *Quincy*.....

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.