

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960

-60-037294

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>IOWA</u> b. COUNTY <u>WOODBURY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>		Length of stay in 1b <u>8 DAYS</u>	c. CITY OR TOWN <u>SIOUX CITY</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>LAUGHLIN HOSPITAL & CLINIC</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3914 LAKEPORT ROAD</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>HARVEY</u> Middle <u>NELSON</u> Last <u>HARRISON</u>			4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>18</u> Year <u>1960</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/25/85</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>WASHTA, IOWA</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>GEORGE HARRISON</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA HALL</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA BANNER</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>yes, ?</u>	17. INFORMANT Address <u>MRS. ORVILLE FERRIN WASHTA, IOWA</u>
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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>MEDULLARY FAILURE AND SURGICAL SHOCK</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 Hours</u>
DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS AND</u>		<u>UNKNOWN</u>
DUE TO (c) <u>RT. BRACHIO BRANCH BLOCK</u>		<u>"</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prostatic Hypertrophy - Paralysis Agitans</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u>WASHTA, IOWA</u>
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21. I attended the deceased from 10-9-60 to 10-18-60 and last saw him alive on 10-18-60
Death occurred at 7:55/12 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Carl Laughlin J. D.O.</u>	22b. ADDRESS <u>Huntsville, Mo</u>	22c. DATE SIGNED <u>10-18-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10/18/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GRAND MEADOW</u>	23d. LOCATION (City, town, or county) (State) <u>WASHTA, IOWA</u>
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24. FUNERAL DIRECTOR <u>Davis & Davis, Kirksville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 18. 1960</u>	26. REGISTRAR'S SIGNATURE <u>Gore W. Pattiff</u>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

NOV 17 1960

EARL LAUGHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 42191

P. O. Address KIRKSVILLE, MISSOURI

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