

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002593

FILED VS JAN 26 1961

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4432 Registrar's No. 2

AMENDED

1. PLACE OF DEATH a. COUNTY Pulman				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Sullivan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Length of stay in 1b 10 days		c. CITY OR TOWN Pollock		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 Middle Last Joseph Everett Harrison			4. DATE OF DEATH Month Day Year 1 16 1961					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-21-85	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 1 Days 25	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pollock Mo		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME John Harrison			13b. MOTHER'S MAIDEN NAME Cynthia Hopper		14. NAME OF HUSBAND OR WIFE Myrtle Babbitt			
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.		17. INFORMANT Address - Isis Willys Milan 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) <i>Chronic Myocardial Infarction</i> DUE TO (b) <i>Chronic Degenerative Myocarditis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>arteriosclerosis & Hypertension</i>							INTERVAL BETWEEN ONSET AND DEATH <i>10 minutes</i>	
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 Month, Day, Year s.m. p.m.								
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 <i>Jan 6-60</i> to <i>Jan 16-61</i> and last saw him alive on <i>Jan 16-61</i> Death occurred at <i>5 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Chas L. Giddens</i>				22b. ADDRESS <i>Unionville Mo</i>		22c. DATE SIGNED <i>1-17-61</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1-19-61</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Campbell Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Pollock Mo.</i>		
24. FUNERAL DIRECTOR <i>August Schoene</i>			ADDRESS <i>Milan - Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1-21-61</i>		26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Milwaukee - 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.