

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008519

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 80

STATE FILE NUMBER

FILED APR 10 1961

| | | | | | | | |
|--|--|---|--|---|---|--|-------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Henry | | b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton | | a. STATE Missouri | | b. COUNTY Henry | |
| Length of stay in 1b years | | c. CITY OR TOWN Clinton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1009 E. Franklin St. | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First IRENE | | Middle WINIFRED | | Last HARRISON | | Month Day Year April 1 1961 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Nov 3, 03 | 9. AGE (last birthday) 57 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Person | | 10b. KIND OF BUSINESS OR INDUSTRY J.C. Penny Co. | | 11. BIRTHPLACE (City and state or country) Benton Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME John E. Poague | | 13b. MOTHER'S MAIDEN NAME Emma Journey | | 14. NAME OF HUSBAND OR WIFE Cleo Harrison | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. ***** | | 17. INFORMANT Cleo Harrison Clinton, Missouri | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| IMMEDIATE CAUSE (a) Cerebral hemorrhage | | | | 12 hours | | | |
| DUE TO (b) arteriosclerosis | | | | 4 years | | | |
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ to April 1, 1961 and last saw her alive on April 1, 1961 Death occurred at 2:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>James Smith</i> | | | 22b. ADDRESS | | 22c. DATE SIGNED | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE April 3, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Englewood | | 23d. LOCATION (City, town, or county) (State) Clinton, Missouri | | |
| 24. FUNERAL DIRECTOR Consalus | | ADDRESS Clinton, Missouri | | 25. DATE RECD. BY LOCAL REG. April 3, 1961 | | 26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i> | |

DATE AMENDED

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 J. E. Conover

Licensed Embalmer No. 189

P. O. Address Clinton

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.