MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4075 STATE FILE NUMBER 61-015217

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in Ib: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Luke's Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Louis
c. CITY OR TOWN: Overland — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1840 O'Connell — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Alyn Middle: Last: Harrison Sr.
4. DATE OF DEATH: Month: April Day: 28, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12/16/1887
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Oil Business
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: John Scott Harrison
13b. MOTHER'S MAIDEN NAME: Margaret Willis
14. NAME OF HUSBAND OR WIFE: Mary Harrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Alyn Harrison Jr., 1840 O'Connell Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ~~Hemorrhage~~ Arteriosclerotic Coronary Artery Disease — 2-3 yrs
DUE TO (c): General Arteriosclerosis — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hemorrhage from? Gastric ulcer or Ca. 420 1H
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [✓]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 April 25, 1961, to April 28, 1961 and last saw him alive on April 28, 1961
Death occurred at 4:15 am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): David Nafe Kerr, MD
22b. ADDRESS: 950 Frances Pl, Clayton 5
22c. DATE SIGNED: 4/28/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-1-61
23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery
23d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.
24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: APR 28 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.