

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-016469

STATE FILE NUMBER

AMENDED **FILED** **REGISTERED** **MAY 22 1961** **37** Primary Registration District No. **4049** Registrar's No. **22**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		Length of stay in 1b 4yrs.		c. CITY OR TOWN Fulton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hulen Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Tyre Middle Potts Last Harrison				4. DATE OF DEATH Month May Day 14 , Year 1961											
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/19/1868		9. AGE (last birthday) 92		IF UNDER 1 YEAR Months 5 Days 25		IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Callaway Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME William H. Harrison				13b. MOTHER'S MAIDEN NAME Jalie Jameson				14. NAME OF HUSBAND OR WIFE Sallie Grant Dec.							
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. None		17. INFORMANT John Yates		Address Fulton 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) Hypostatic Pneumonia DUE TO (b) Cerebral Hemorrhage DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 8 hr 36 hr unknown					
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 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		COUNTY		STATE	
21. I attended the deceased from 8-21-59 to May 14-61 and last saw ^{her} him alive on 5-13-61 Death occurred at 12:20A m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE M. Kelly (Degree or title)						22b. ADDRESS Moberly Mo			22c. DATE SIGNED 5-16-61						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/16/1961		23c. NAME OF CEMETERY OR CREMATORY Old Auxvasse				23d. LOCATION (City, town, or county) (State) Callaway Co. Mo.							
24. FUNERAL DIRECTOR Maupin Funeral Home ADDRESS Fulton Mo.				25. DATE RECD. BY LOCAL REG. May 19-1961		26. REGISTRAR'S SIGNATURE Maud Mc Bride									

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 *Gene C. Mays*

Licensed Embalmer No. 5092

P. O. Address Fallon, La.

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.