OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042479
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11103

AMENDED

FILED DEC 12 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 10 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jewish Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Fayette
c. CITY OR TOWN Vandalia — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Shafter Twns. RR #4 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Fred — Middle Clifford — Last Harrison
4. DATE OF DEATH: Month 11 Day 28 Year 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-7-1900
9. AGE (last birthday): 61 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Crain
11. BIRTHPLACE (City and state or country): Fayette Co. Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ben Harrison
13b. MOTHER'S MAIDEN NAME: Mary Turnbow
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Elisha Harrison (Bro.) Address: Vandalia Ill.

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): Pulmonary Edema caused from a large amount of infiltration of blood into the Bronchi, both sides the right is completely obliterated from blood, chronic myocarditis particularly the left Ventricle; Soffocation and probably anesthesia.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Suffered following operation cancer of the mouth at Jewish hospital, Nov 28, 1961
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.) Accident see above
20c. TIME OF INJURY: ? Hour a.m. p.m. Month, Day, Year: 11-28-61
143x
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.): 12 Hospital
20f. CITY, TOWN, OR LOCATION: St. Louis, Mo. — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul J Simon Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 11/29/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-29-61
23c. NAME OF CEMETERY OR CREMATORY: South Hill Cem.
23d. LOCATION (City, town, or county): Vandalia (State): Illinois
24. FUNERAL DIRECTOR: Beery + Hohlt — ADDRESS: Vandalia, Ill
25. DATE RECD. BY LOCAL REG.: NOV 29 1961
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF Married - Floor of mouth

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Frank Prodoff

Signature of Student Embalmer

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

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