MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3623 Registrar's No. [illegible] STATE FILE NUMBER 0006286

DO NOT WRITE ON THIS STUB — AMENDED

MRF FILED 15 65

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton, Mo. — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Florence Middle Lillian Last Harrison

4. DATE OF DEATH: Month MAY. Day 5 Year 1965

5. SEX: Fe

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-24-82

9. AGE (last birthday): 82 — 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 Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): ALTAMONT, ILL.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry H. Ewing

13b. MOTHER'S MAIDEN NAME: Christiana Feifer

14. NAME OF HUSBAND OR WIFE: Benjamin Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 497-42-6882

17. INFORMANT: Glen Harrison — Address: Urich, Mo.

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): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Dec. yrs.
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. ☐ 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 1960 to 1965 and last saw her/him alive on 3-5-65
Death occurred at 1:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James O. Smith MD

22b. ADDRESS Clinton, Missouri

22c. DATE SIGNED 3-6-65

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3-7-1965

23c. NAME OF CEMETERY OR CREMATORY Oak Hill

23d. LOCATION (City, town, or county) (State) Butler, Mo.

24. FUNERAL DIRECTOR ADDRESS Snow's Funeral Home, Urich Mo.

25. DATE RECD. BY LOCAL REG. MAR. 8, 1965

26. REGISTRAR'S SIGNATURE Mildred Bigham

(Licensed Embalmer's Statement on Reverse Side)

MRB

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 Merlen D Snow

Licensed Embalmer No. 4034

P. O. Address Ulrich, 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.

Permit Obtained 3-5-65 BJB