

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-027677

ENDED

Registration District No. <u>224</u>		Primary Registration District No. <u>5296</u> <u>3646</u>		Registrar's No. <u>52</u>		STATE FILE NUMBER	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Moniteau</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>California, Mo Walker</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>California, Mo Walker</u>		Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>California, Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home -- Rt #4</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt #4</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print)				<b>4. DATE OF DEATH</b>			
First <u>William</u> Middle <u>Harrison</u> Last <u>Harrison</u>				Month <u>July</u> Day <u>10</u> Year <u>1960</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Colored</u>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>12/25/93</u>	
<b>9. AGE</b> (last birthday) <u>66</u>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <u>Odd Jobs</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Henry Harrison</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nellie Harrison</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes First World War</u>				<b>16. SOCIAL SECURITY NO.</b> <u>1-89-16-3252</u>		<b>17. INFORMANT</b> <u>Nellie Harrison</u> Address <u>California</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>6 months.</u>			
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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY _____ STATE _____	
<b>21. I attended the deceased from</b> <u>Oct 3, 1958</u> to <u>July 10, 1960</u> and last saw him alive on <u>July 10, 1960</u> Death occurred at <u>5/10 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Kenneth Latham M.D.</u>				<b>22b. ADDRESS</b> <u>California, Mo</u>		<b>22c. DATE SIGNED</b> <u>7-11-60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>7/13/60</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>California, Mo</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Bowlin Funeral Home-California, Mo</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>7/13/60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Nellie Harrison</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jack H. Bowlin*

Licensed Embalmer No. 4933

P. O. Address California

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.