

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3998**

Registrar's No. **201**

|  |  |  |                       |   |  |  |  |  |   |   |  |                                |  |
|--|--|--|-----------------------|---|--|--|--|--|---|---|--|--------------------------------|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>42</b>   |                       | PRIMARY REG. DIST. NO. <b>5130</b>  |  | State File No. <b>3998</b>   |  | Registrar's No. <b>201</b>   |   |   |  |                                |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  |  |                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> COUNTY <b>Buchanan</b> |  |  |  |  |   |   |  |                                |  |
| b. CITY OR TOWN <b>Rural Rushville Rt. #2</b>  |  |  |                       | c. LENGTH OF STAY (in this place)   |  | c. CITY OR TOWN <b>Rural Rushville Rt. #2</b>  |  |  |   |   |  |                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None Rural, Rush Twsp.</b>  |  |  |                       | d. STREET ADDRESS (If rural, give location)   |  |  |  |  |   |   |  |                                |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b>  |  |  | b. (Middle) <b>D.</b> |   |  | c. (Last) <b>Harrison Jr.</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>2-18-50</b> |   |  |                                |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |                       | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>  |  | 8. DATE OF BIRTH <b>4/7/34</b>   |  | 9. AGE (In years last birthday) <b>15</b>                                    |   | IF UNDER 1 YEAR<br>Months Days  |  | IF UNDER 24 HRS.<br>Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Schoolboy</b>   |  |  |                       | 10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>Rushville, Mo.</b>                      |  |  |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |                                |  |
| 13a. FATHER'S NAME <b>John D. Harrison</b>   |  |  |                       | 13b. MOTHER'S MAIDEN NAME <b>Edith McCulley</b>   |  |  |  | 14. NAME OF HUSBAND OR WIFE <b>XX</b>  |   |   |  |                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>  |  |  |                       | 16. SOCIAL SECURITY NO. <b>none</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>John D. Harrison, Rushville, Mo.</b> |  |  |   |   |  |                                |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Branchopneumonia</b>  |                       |   |  |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 days</b>                                   |  |                                |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hereditary Familial Spastic Muscular Atrophy (Werdnig-Hoffman Type)</b> |                       |   |  |  |  |  |   | <b>16 years</b>   |  |                                |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                       |   |  |  |  |  |   | <b>351 X</b>  |  |                                |  |
| 19a. DATE OF OPERATION <b>none</b>   |  | 19b. MAJOR FINDINGS OF OPERATION <b>none</b>   |                       |   |  |  |  |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |                                |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                       |   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                      |  |  |   |   |  |                                |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                       | 21f. HOW DID INJURY OCCUR?  |  |  |  |  |   |   |  |                                |  |
| 22. I hereby certify that I attended the deceased from <b>Nov</b> , 19 <b>46</b> , to <b>2-18</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2-18</b> , 19 <b>50</b> , and that death occurred at <b>7:20</b> m., from the causes and on the date stated above. |  |  |                       |   |  |  |  |  |   |   |  |                                |  |
| 23a. SIGNATURE <b>Wayne O. Wallace M.D.</b> (Degree or title)  |  |  |                       |   |  | 23b. ADDRESS <b>1146 7th Peterson</b>  |  |  | 23c. DATE SIGNED <b>2-20-50</b>                         |   |  |                                |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>2/20/50</b>   |                       | 24c. NAME OF CEMETERY OR CREMATORY <b>Sugar Creek</b>   |  |  |  | 24d. LOCATION (City, town, or township) (State) <b>Buchanan Co. Missouri</b> |   |   |  |                                |  |
| DATE REC'D BY LOCAL REG. <b>Feb. 23, 1950</b>  |  | REGISTRAR'S SIGNATURE <b>G. C. Jenkins</b> <b>387</b>  |                       |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Vaughn Funeral Home, Weston, Mo.</b>  |  |  |   |   |  |                                |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed.....

*W. R. Vaughn*

Signed.....

Student Embalmer

Licensed Embalmer-No. ....

*4623*

P. O. Address.....

*Weston, 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 this body is not embalmed, fact should be so stated above.