

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002962

LED VS JAN 19 1960

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Length of stay in 1b 10 yrs.		c. CITY OR TOWN Richmond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles SW of Richmond			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 miles SW of Richmond		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FORREST Middle DEWITT Last HARRISON				4. DATE OF DEATH Month Jan. Day 10, Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/3/1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor of Dentistry		10b. KIND OF BUSINESS OR INDUSTRY Dentist		11. BIRTHPLACE (City and state or country) Oklahoma Territory		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Albert C. Harrison			13b. MOTHER'S MAIDEN NAME Anna Kirkpatrick		14. NAME OF HUSBAND OR WIFE Mary Akers		
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. 495-44-4814		17. INFORMANT Address Mrs. Mary Akers Harrison, Richmond, 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) Empysem 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 10 years	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 July 1954 to death and last saw him alive on 11-3-59 Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. G. Crozier, M.D.				22b. ADDRESS Richmond, Mo.			22c. DATE SIGNED 1-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 12, 1960	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		23d. LOCATION (City, town, or county) Richmond, Mo.			(State)
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 1-16-1960	26. REGISTRAR'S SIGNATURE Malcol Jackson	

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

~~xxxx~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Levan Thurman _____

Licensed Embalmer No. 4563 _____

P. O. Address Richmond, Mo. _____

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