

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012580

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 258

AMENDED

FILED APR 24 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Boone	b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia	a. STATE Missouri b. COUNTY Ray	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer		c. CITY OR TOWN Hardin	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in 1b 18 days		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Reuben	Middle N	Last Harrison	Month April	Day 18
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 2-13-77	9. AGE (last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Ray Co. Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John T. Harrison		13b. MOTHER'S MAIDEN NAME Emma White		14. NAME OF HUSBAND OR WIFE Zetella Shaw Harrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 489-22-8926	17. INFORMANT Hospital Records-Columbia, Missouri	

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 10 days
IMMEDIATE CAUSE (a) Bronchopneumonia		
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) status post amputation left leg for stasis ulcers		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 _____ a.m. _____ 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 3-31-61 to 4-15-61 and last saw her/him alive on 4-18-61
Death occurred at 1:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Meadore VanDorenway M.D.	22b. ADDRESS Ellis Fischel State Cancer Hospital, Columbia, Mo.	22c. DATE SIGNED 4-18-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-21-61	23c. NAME OF CEMETERY OR CREMATORY WAKENDACEM.
23d. LOCATION (City, town, or county) Ray County, Mo.		(State)
24. FUNERAL DIRECTOR BORCHERDING FUN. HOME - HARDIN, Mo.	25. DATE RECD. BY LOCAL REG. April 20 1961	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 August Boucherding

Licensed Embalmer No. 4678

P. O. Address Hardin 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.