No. 300
10.48

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6257

State File No. 1555

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 7A
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellsville 2
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) Ella
b. (Middle) Isabelle
c. (Last) Harvey

4. DATE OF DEATH (Month) (Day) (Year) February 16, 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 20 1899
9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Hawk Point Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Geo E Prewitt
13b. MOTHER'S MAIDEN NAME Ollie B Weaver
14. NAME OF HUSBAND OR WIFE Theodore Harvey

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.
17. INFORMANT'S SIGNATURE OR NAME Theodore Harvey **ADDRESS** Wellsville Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple cerebral thromboses with infarction — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Postoperative hemorrhage — 2 hrs.

DUE TO (c) Removal of ovarian tumor (benign)

II. OTHER SIGNIFICANT CONDITIONS Rheumatic heart disease, inactive and compensated — 25 years
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/15/49
19b. MAJOR FINDINGS OF OPERATION Ovarian tumor
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 14, 19 49, *to* Feb. 16, 19 49, *that I last saw the deceased alive on* Feb. 16, 19 49, *and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE F R Bradley **(Degree or title)** MD
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 2/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-17-49
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) (State) Wellsville Mo

DATE REC'D BY LOCAL REG. FEB 18 1949
REGISTRAR'S SIGNATURE J B Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Rowland Mortuary Service 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

1555

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 .....
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address S. Davis

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.