No. 300
10.48

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

FILED JUN 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16437

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 54 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural R-4
d. STREET ADDRESS (If rural, give location): Lebanon Rt. 4

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Anderson
c. (Last): Harrill

4. DATE OF DEATH (Month) (Day) (Year): May 31 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 5 1894
9. AGE (In years last birthday): 54
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laclede county Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Harrill
13b. MOTHER'S MAIDEN NAME: Martha Kinchade
14. NAME OF HUSBAND OR WIFE: Velma HARRILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ray Harrill
ADDRESS: Lebanon Rt. 4 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) Coronary occlusion — 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) coronary thrombosis — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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* 5-31-, 1949, *to* 5-31-, 1949, *that I last saw the deceased alive on* 5-31, 1949, *and that death occurred at* 9:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: B B Hurst (Degree or title) MD
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: 6-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/2/49
24c. NAME OF CEMETERY OR CREMATORY: Similin Cemetery
24d. LOCATION (City, town, or county) (State): Laclede county Mo

DATE REC'D BY LOCAL REG.: 6-2-1949
REGISTRAR'S SIGNATURE: Ella L. Clay 424
25. FUNERAL DIRECTOR'S SIGNATURE: Palmer's
ADDRESS: Lebanon, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1949

JUN 7 1949

Received .....

Laclede County Health Unit

File No. 6-89-70

JUN 7 1949

Date Filed .....

NOV 1 1960

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 Maxine Ruth Allen, Student Embalmer No. 295, working under my personal supervision.

Signed Richard L. Palmer

Signed .....
Student Embalmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.