

FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **200857**

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>2033</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <u>Rocked</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Rocked</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>Always</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		d. STREET ADDRESS (If rural, give location) <u>218 Monroe</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>218 Monroe</u>				3. NAME OF DECEASED a. (First) <u>MARTHA ANN</u> b. (Middle) <u>Harriell</u> c. (Last) <u>Harriell</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>6 19 1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>June 24 1868</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rocked Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas L. Reinhold</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Rippey</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. Harriell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Harriell Lebanon mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>wk.</u> <u>4 2 2</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>Nov 15, 1948</u> , to <u>June 19, 1949</u> , that I last saw the deceased alive on <u>June 19, 1949</u> , and that death occurred at <u>11:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James D. Hope, M.D.</u>				23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>6/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Similar</u>		24d. LOCATION (City, town, or county) (State) <u>Rocked</u>	
DATE REC'D BY LOCAL REG. <u>June 24 1949</u>		REGISTRAR'S SIGNATURE <u>Hella L. Day</u>		424 25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnson's</u>		ADDRESS <u>Lebanon mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received JUN 28 1949

Laclede County Health Unit

File No. 6-48-77

JUN 28 1949

Date Filed

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

Mayna Ruth Allen

Student Embalmer No. 295

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Richard P. Palmer

Licensed Embalmer No. 4585

P. O. Address

Palmer, 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.