

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14081No. 300
10. 48

BIRTH NO.		REG. DIST. NO. <u>278</u>	PRIMARY REG. DIST. NO. <u>3054</u>	Registrar's No. <u>43</u>
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS 2199</u>		
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>3942 OLIVE ST</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MINERAL SPRING HOSPITAL</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OTTO</u>	b. (Middle) <u>BASEY</u>	c. (Last) <u>HARRELSON</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>SEPT (?) 1880</u>
11. BIRTHPLACE (State or foreign country) <u>Clinton, MO.</u>		9. AGE (In years last birthday) <u>69</u> if UNDER 1 YEAR Months <u>5</u> if UNDER 4 HRS. Hours <u>(?)</u> Min.		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOHN HARRELSON</u>		
13b. MOTHER'S MAIDEN NAME <u>MILINDA ?</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL</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. <u>496-14-0740</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PAUL GOLLAHER, LOUISIANA, RT 7</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>APR 5</u> , 1950, to <u>APR 11</u> , 1950, that I last saw the deceased alive on <u>APR 11</u> , 1950, and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>George O. Stagner</u>		23b. ADDRESS <u>LOUISIANA, MO.</u>		23c. DATE SIGNED <u>APR 11 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cems.</u>
24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Apr 13, 1950</u>		
REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>George O. Stagner</u>		
ADDRESS <u>Louisiana, Mo.</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

821
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RECEIVED APR 18 1950
District Health Officer No.
District File Number 4-58-6
Date Filed APR 18 1950

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed George P. Hagner
Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.