

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36834

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3023 Registrar's No. 34

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON 0472</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>   |                               | d. STREET ADDRESS (If rural, give location) <u>619 WEST GRAND RIVER</u>  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>THOMAS</u> b. (Middle) <u>G</u> c. (Last) <u>HARRELSON</u>   |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-50</u>   |   |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>  | 8. DATE OF BIRTH <u>SEPT 3 1867</u>                       |
| 9. AGE (In years last birthday) <u>83</u>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRAYMAN</u>  | 11. BIRTHPLACE (State or foreign country) <u>MILAN MO</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |                               | 13. FATHER'S NAME <u>JOHN HARRELSON</u>  |   |
| 13b. MOTHER'S MAIDEN NAME <u>MARY JANE SMITH</u>  |                               | 14. NAME OF HUSBAND OR WIFE <u>MURLE</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |                               | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Harry Harrelson</u>  |                               | ADDRESS <u>Clinton Mo</u>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u><br>ANTECEDENT CAUSES <u>Cerebral Thrombosis</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <u>Lobar Pneumonia</u><br>II. OTHER SIGNIFICANT CONDITIONS* <u>Relapse</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 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) (Min)   |                               | 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>11/22</u> , 19 <u>50</u> , to <u>12/1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/1</u> , 19 <u>50</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above. |                               |  |   |
| 23a. SIGNATURE <u>Ed. P. Peeler M.D.</u> (Degree or title)  |                               | 23b. ADDRESS <u>Clinton Mo</u>   |   |
| 23c. DATE SIGNED <u>12/2/50</u>   |                               |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>DEC 3/50</u>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>   |                               | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>  |   |
| DATE REC'D BY LOCAL REG <u>Dec-3-50</u>   |                               | REGISTRAR'S SIGNATURE <u>Florence Adams</u>  |   |
| FUNERAL DIRECTOR'S SIGNATURE <u>J.E. (Graham)</u>   |                               | ADDRESS <u>Clinton Mo</u>  |   |

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

RECEIVED 7/1/57  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 7/1/57

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. E. Consalor

Licensed Embalmer No. 1891

P. O. Address Clinton 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.