

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17536**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **175**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia 080	
c. LENGTH OF STAY (In this place) 29 Yrs		d. STREET ADDRESS (If rural, give location) 419 N. Prospect	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) EDWARD c. (Last) HARRELL		4. DATE OF DEATH (Month) (Day) (Year) May 21, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5, 1872
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Mins _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Rail Road	11. BIRTHPLACE (State or foreign country) Eversham, England 4
		12. CITIZEN OF WH COUNTRY? USA	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lynn Harrell (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Harrell, Sedalia, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial Regeneration		INTERVAL BETWEEN ONSET AND DEATH 1 1/2	
		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. Hypertrophy of Prostate			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222		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 **Nov 9, 1949** to **May 21, 1951**, that I last saw the deceased alive on **May 20, 1951**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Bessinger, M.D.		23b. ADDRESS Sedalia Mo 572-1051		23c. DATE SIGNED May 28, 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Mo	
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DATE REC'D BY LOCAL REG. May 28, 1951		REGISTRAR'S SIGNATURE Goldie Hall deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stewart Eckart Sedalia, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

GILLESPIE FUNERAL HOME

0804

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RECEIVED 6-4-51
DISTRICT HEALTH OFFICE No. 3

ct File Number -----

Filed 6-4-51 -----

STATEMENT BY LICENSED EMBALMER

I certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by -----

under my personal supervision.

Student Embalmer No.

Signed -----

R. W. Heckart

Student Embalmer

Licensed Embalmer No. 3470

P. O. Address -----

Sedalia, 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.