

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35604

State File No.

No. 300
10-48

OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3439 Registrar's No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Linn</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Linn</u>
c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>211 East Hauser</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Helen</u>	b. (Middle) <u>Madelyn</u>	c. (Last) <u>Harrity</u>	<u>Oct. 3, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 20, 1899</u>	9. AGE (In years last birthday) <u>53</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Operator</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marceline, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>John Harrity</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Riley</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>495-05-9746</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Calvin Westfall, Marceline</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery</u>	<u>Generalized Coronary Arteriosclerosis</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>1998</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Operated 4 years ago - No domino-bleeding</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1944, to Oct 3, 1952, that I last saw the deceased alive on Oct 3, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Smith M.D.</u>	23b. ADDRESS <u>Marceline, MO</u>	23c. DATE SIGNED <u>10-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Killard</u>
24d. LOCATION (City, town, or county) (State) <u>Marceline, MO</u>		

DATE REC'D BY LOCAL REG. <u>OCT-5-52</u>	REGISTRAR'S SIGNATURE <u>Myrtle Owen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James J. Campbell</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

581

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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marline M

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.