

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

7188

State File No. ....

No. 900  
10.48

FILED MAR 2 - 1953  
BIRTH NO. ... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 70

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly 0883</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>127 Kirby St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Harvey</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 26 1953</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 8 1882</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>18</b>	IF UNDER 1 Mts. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Montana</b>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>John D. Andrade</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Bell Neilson</b>	14. NAME OF HUSBAND OR WIFE <b>Frank B. Harvey</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank B. Harvey</b>	ADDRESS <b>Moberly, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of the Gall Bladder 6 months.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>155X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arterial hypertension</b>		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 **Sept 2, 1952**, to **Feb 26, 1953**, that I last saw the deceased alive on **Feb 26, 1953**, and that death occurred at **2 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Walter Lewis Jones</b> (Degree or title)	23b. ADDRESS <b>Moberly, Mo</b>	23c. DATE SIGNED <b>Feb 27 53</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-28-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-28-53</b>	REGISTRAR'S SIGNATURE <b>Walter Lewis Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahan and Son</b>	ADDRESS <b>Moberly, Mo</b>
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APR 7 1953

SEP 27 1957

**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 Frank O. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.