

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7189

State File No. ....

FILED MAR 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before administration). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		<u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>533 Winchester</u>				d. STREET ADDRESS (If rural, give location) <u>533 Winchester</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Izella</u> b. (Middle) _____ c. (Last) <u>Harvey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 23, 1953</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>6/25/1890</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Galesburg, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Tom Rounds</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Matlock</u>		14. NAME OF HUSBAND OR WIFE <u>John Gorham</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Berniece Rounds; Moberly, Mo.</u>			
<b>MEDICAL CERTIFICATION</b>							
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, ashenia, etc. It means the disease, injury, or complication which caused death.						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPSTATIC PNEUMONIA</u>						<u>TWO DAYS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL HEMORRHAGE</u>						<u>SIX WEEKS</u>	
DUE TO (c) <u>HYPERTENSION</u> <u>331X</u>						<u>THREE YEARS</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILITY</u> (DUE TO) <u>ARTERIOSCLEROSIS</u>						<u>FIVE YEARS</u>	
DUE TO (DUE TO) <u>CAUSES UNKNOWN</u>						<u>—</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) _____ 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 <u>FEB 18, 1953</u> , to <u>FEB 23, 1953</u> , that I last saw the deceased alive on <u>FEB 22, 1953</u> , and that death occurred at <u>4:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert D. Milton, D.O.</u> (Degree or title)				23b. ADDRESS <u>118 N. Fifth St. Moberly, Missouri</u>		23c. DATE SIGNED <u>2/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/25/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-25-53</u>		REGISTRAR'S SIGNATURE <u>Seal Thereafter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>		ADDRESS <u>Hunterville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

83  
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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 Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntville, W. Va.*

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.