

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7207**

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6013** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Clifton Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Clifton Township	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) Rural Route #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route #2			

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Monroe	c. (Last) Harrelson	4. DATE OF DEATH (Month) (Day) (Year) February 18 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 12, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Randolph County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Pinkney Henderson	13b. MOTHER'S MAIDEN NAME Susan Matlock	14. NAME OF HUSBAND OR WIFE Decater Harrelson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Omer Johnson; Clifton Hill, Mo.	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 yrs -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Liver		
	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.		1561	

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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Jan 1, 1952**, to **Feb 18, 1953**, that I last saw the deceased alive on **Feb 15, 1953**, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE P. Mott Pains (Degree or title) D.O.	23b. ADDRESS Clifton Hill	23c. DATE SIGNED 2-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-20-1953	24c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery	24d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri
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DATE REC'D BY LOCAL REG. 2-21-53	REGISTRAR'S SIGNATURE Mary H. Bentley	25. FUNERAL DIRECTOR'S SIGNATURE J.B. Patton & Sons	ADDRESS Huntsville, Mo
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 Paul J. Patton

Signed.....
Student Embalmer

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.