No. 300
7-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1953

State File No. 25961

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 60 10 Registrar's No. 1925

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar Creek Twp.
c. LENGTH OF STAY (In this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near Balzer Station

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar Creek Twp. D 880
d. STREET ADDRESS (If rural, give location): near Balzer Station 0

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle): Gulley
c. (Last): Harlan

4. DATE OF DEATH (Month) (Day) (Year): July 13 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 30, 1908
9. AGE (In years last birthday): 44 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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.

13a. FATHER'S NAME: George Gulley
13b. MOTHER'S MAIDEN NAME: Bettie Ella Minor
14. NAME OF HUSBAND OR WIFE: Raymond D. Harlan

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 — ADDRESS: Raymond D. Harlan; R#2; Moberly, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C. A of Ovary with metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-16-53
19b. MAJOR FINDINGS OF OPERATION: C. A of ovary 175X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16-53, 19__, *to* July 13, 1953, *that I last saw the deceased alive on* July 13, 1953, *and that death occurred at* 4:43 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. McCormick D.O.
23b. ADDRESS: 300½ Reed St. Moberly MO
23c. DATE SIGNED: 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-15-1953
24c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery
24d. LOCATION (City, town, or county) (State): Huntsville, Missouri

DATE REC'D BY LOCAL REG.: 7-15-53
REGISTRAR'S SIGNATURE: Leah Williams Lowe 269
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Tom B Patton Huntsville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 4 PERMANENT RECORD

Held for inquest

MAY 11 1959

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: Tom B. Patton

Signed _____
Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala.

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.