

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42028

State File No. ....

FILED DEC 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD #5 SALT RIVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural RFD #5, SALT RIVER</u>	
c. LENGTH OF STAY (In this place) <u>YRS</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #5, Mexico, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #5, Mexico, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Geneva</u> c. (Last) <u>Harp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct 26, 1871</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>82</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Halls County, Missouri</u>	

13a. FATHER'S NAME <u>Henry Clay Harp</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Alford</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Tom Harp</u>	ADDRESS <u>Mexico, Missouri</u>
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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 <u>25 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia &amp; Bronchitis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis</u> DUE TO (c) <u>Emphysema &amp; Volvulosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Albuminuria</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>481X</u>	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) (Min.)	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 16, 1953, to Dec 15, 1953, that I last saw the deceased alive on Nov 14, 1953, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.A. Sarrell D.O.</u>	23b. ADDRESS <u>Mexico Mo</u>	23c. DATE SIGNED <u>12/18/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn Mem Park</u>	24d. LOCATION (City, town, or county) (State) <u>Audrain Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 18 1953</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. A. ...</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Richard J. McDonald*.....

Licensed Embalmer No. *4825*.....

P. O. Address *Meyers Inc*.....

**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.**