

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33597

State File No.

BIRTH NO. _____		REG. DIST. NO. 17B	PRIMARY REG. DIST. NO. 2000	Registrar's No. 1028
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Morrisville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		e. STREET ADDRESS (If rural, give location) 2 Miles North of Morrisville		
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Lizzie c. (Last) Haralson		4. DATE OF DEATH (Month) (Day) (Year) Nov-6-1954		
5. SEX F	6. COLOR OR RACE W	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 2, 1867	
9. AGE (In years last birthday) 87		10. UNDER 1 YEAR Months 10 Days 4	11. AGE WHEN BORN 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 Housework	11. BIRTHPLACE (City and State or Foreign Country) Terre Haute Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James James		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James H. Haralson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Walter C. Haralson ADDRESS 1313 Kingsborough Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Acute Coronary Thrombosis 2 days		
DUE TO (c) Arteriosclerosis generalized 10 yrs		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		Hypertension mild severe 15 yrs		
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)		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 11-6 , 1954, to 11-6 , 1954, that I last saw the deceased alive on 11-6 , 1954, and that death occurred at 4:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		23b. ADDRESS (Degree or title) M.D. - Springfield, Mo.		23c. DATE SIGNED 11-6-54
24a. BURIAL CREMATION (Specify) Burial		24b. DATE Nov 8, 1954		24c. NAME OF CEMETERY OR CREMATORY Single Cemetery South of Bolivar Mo.
24d. LOCATION (City, town, or county) (State) Bolivar Mo.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Carwin - Blue Bolivar, Mo.		
DATE REC'D BY LOCAL REG. 11-8-54		REGISTRAR'S SIGNATURE [Signature]		

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.....
Signature of Student Embalmer

Signed *Richard B. Emery*

Licensed Embalmer No. *3092*

P. O. Address *Polivac*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.