

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23120**

FILED JUL 18 1955

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>252</b>		Registrar's No. <b>184</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>78 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		d. STREET ADDRESS (If rural, give location) <b>227 So. Prospect</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>227 So. Prospect</b>			
3. NAME OF DECEASED (Type or Print) <b>Alice</b>		a. (First) <b>Alice</b>		b. (Middle) <b>M.</b>		c. (Last) <b>English</b>	
4. DATE OF DEATH <b>July 9 1955</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>Feb. 2 1872</b>		9. AGE (In years last birthday) <b>83</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Youngstown Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Dennis Harrahan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hefelman</b>	
14. NAME OF HUSBAND OR WIFE <b>John Joseph English</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Mary English</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Unknown.</b>					
		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		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				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 <b>1950, 10</b> , to <b>7/9</b> , <b>1955</b> , that I last saw the deceased alive on <b>7/9</b> , <b>1955</b> , and that death occurred at <b>10:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John E. Harry M.D.</b> (Degree or title)				23b. ADDRESS <b>111 W. 4th Sedalia Mo.</b>		23c. DATE SIGNED <b>7/22/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-12-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-12-55</b>		REGISTRAR'S SIGNATURE <b>Lavina Coontz, Spitz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>M<sup>c</sup>Laughlin Bros</b>		ADDRESS <b>Sedalia</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1955

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

*K P G Lary*

Licensed Embalmer No. 3153

P. O. Address

*Sedalia Mo*

Notes. 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.