

FILED OCT 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33033

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <i>Audrain</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Audrain</i>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Mexico</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Mexico</i> <i>004</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Audrain County Hospital</i>			Length of stay in lb <i>1 day</i>		d. STREET ADDRESS (If outside, give location) <i>711 E. Lafayette</i>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>HELEN</i> Middle <i>LOUISE</i> Last <i>HARVEY</i>				4. DATE OF DEATH Month <i>Oct.</i> Day <i>26</i> Year <i>1956</i>						
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>May 25 - 1902</i>		9. AGE (In years last birthday) <i>54</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Remoke, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>Ben Patton</i>				14. MOTHER'S MAIDEN NAME <i>Lola Brown</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>499-5155</i>		17. INFORMANT <i>Elizabeth Christian</i>			Address <i>Mexico, Mo.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cellulitis with overwhelming infection</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <i>Sinister</i>		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour <i>4:30</i> Month <i>Oct</i> Day <i>25</i> Year <i>1956</i> a. m. <i>PM</i> p. m.										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <i>Oct 25, 1956</i> to <i>Oct 26, 1956</i> and last saw her alive on <i>Oct 26, 1956</i> Death occurred at <i>4:30 PM</i> <i>PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>Benjamin N. Jolley MD</i> (Degree or title)				22b. ADDRESS <i>112 N. Clark Mexico, Mo</i>			22c. DATE SIGNED <i>10/29/56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>10/29/56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood</i>		23d. LOCATION (City, town, or county) <i>Mexico</i>		(State) <i>Mo.</i>		
24. FUNERAL DIRECTOR <i>Stuart P. Parker</i>			ADDRESS <i>Columbia, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Oct. 29 - 1956</i>		26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>			

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 *Edward H. Krueger*

Licensed Embalmer No. *499*

P. O. Address *Columb*

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.