. Health,
& Welfare
. Public
h Service
S. 306
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33001
STATE FILE NUMBER

FILED OCT 1 1957 Registration District No. 292 Primary Registration District No. 5971 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.R. Bolivar — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. S. Of Bolivar, Mo. — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Polk
c. CITY OR TOWN R.R. Bolivar — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 Mi. S. of Bolivar — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: John Middle: Wisser Last: Harralson
4. DATE OF DEATH Month, Day, Year: Sept. 21, 1957
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept. 9, 1878
9. AGE (In years last birthday): 79 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Polk County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Nathan Strumkow Harralson
13b. MOTHER'S MAIDEN NAME: Margaret Kirby
14. NAME OF HUSBAND OR WIFE: Elizabeth J. Harralson
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.: 570033575
17. INFORMANT: Cliff E. Harralson Address: Bolivar, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept. 21, 1957 to ____ and last saw her/him alive on ____
Death occurred at 12:30 P. A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph Gorden Registrar polk Co.
22b. ADDRESS: Bolivar Mo.
22c. DATE SIGNED: Sept. 22-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-24-57
23c. NAME OF CEMETERY OR CREMATORY: Mitchell Camp Ground
23d. LOCATION (City, town, or county) (State): Near Aldrich, Mo.

24. FUNERAL DIRECTOR: Erwin & Blue ADDRESS: Bolivar, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 22-1957
26. REGISTRAR'S SIGNATURE: Ralph Gorden Bolivar Mo.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Marshall C. Blackw

Licensed Embalmer No. 4713

P. O. Address Bolivar, M

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.