

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022534
STATE FILE NUMBER

FILED JUL 2 1958 Registration District No. 195 Primary Registration District No. Registrar's No. 58-58

S. 300
v. 1-57

4

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

1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lanagan			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rocky Comfort			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lanagan Nursing Home 2 Months			Length of stay in lb	d. STREET ADDRESS 0600 (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Arlie Orin Harrell				First	Middle	Last	4. DATE OF DEATH June 10 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH June 17 1888		9. AGE (In years at birthday) 69	IF UNDER 1 YEAR Months 11 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (City and state or country) Rocky Comfort Mo (Rural)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James L. Harrell			13b. MOTHER'S MAIDEN NAME Gertrude Decker			14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Ruth Manning, Granby Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Intestine -							INTERVAL BETWEEN ONSET AND DEATH 2 wks approx	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.			DUE TO (b) _____		DUE TO (c) _____		1539	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							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 _____ Month, Day, Year _____ a.m. _____ p.m. _____								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 May 2, 1958 , to June 10, 1958 and last saw ^{her} alive on June 6, 1958 Death occurred at 9:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Scott Beussel D.O. 2 (Degree or title)				22b. ADDRESS Waverly Mo			22c. DATE SIGNED 6/12/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-12-1958	23c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cem.			23d. LOCATION (City, town, or county) Rocky Comfort Mo (State)		
24. FUNERAL DIRECTOR W. Morris Roger Wheaton Mo ADDRESS June 26, 1958				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Henry G. Bradley		

5510

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 *James Kenneth Duncan*

Licensed Embalmer No. *4767*

P. O. Address *Wheaton Mo*

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.