

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026235

FILED VS AUG 12 1960 73

Registration District No. 3014 Primary Registration District No. 78 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Arkansas COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty	Length of stay in 1b 1 year	c. CITY OR TOWN Alma	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1017 Orchard		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last William Lee Harrell			4. DATE OF DEATH Month Day Year August 1, 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-13-89	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Alma, Arkansas		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Jesse Harrell		13b. MOTHER'S MAIDEN NAME Eliza Rippito		14. NAME OF HUSBAND OR WIFE Nora Harrell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 432-22-8105		17. INFORMANT Address Mrs. Robbie Holland, Liberty, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 7 days
IMMEDIATE CAUSE (a)	Toxic uremia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic nephritis	
	DUE TO (c) unknown	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year			
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 **7-9-60** to **7-30-60** and last saw ^{her} him alive on **7-30-60**
Death occurred at **1145 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul L. Pinter, M.D.		22b. ADDRESS 1014 Van Liberty	22c. DATE SIGNED 8-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-3-60	23c. NAME OF CEMETERY OR CREMATORY Alma Cemetery	23d. LOCATION (City, town, or county) (State) Ft. Smith, Arkansas
24. FUNERAL DIRECTOR ADDRESS Tyler-Pasley Liberty, Missouri		25. DATE RECD. BY LOCAL REG. 8-6-60	26. REGISTRAR'S SIGNATURE Nebel Graham

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 12 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.