

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16190**

BIRTH NO. _____		REG. DIST. NO. <b>267</b>		PRIMARY REG. DIST. NO. <b>5900</b>		Registrar's No. <b>93</b>		
1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-Braggadocio</b> )		c. LENGTH OF STAY (in this place) <b>4.0 Yrs.</b>		c. CITY OR TOWN <b>Braggadocio</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural-Braggadocio</b>				f. STREET ADDRESS (If rural, give location) <b>Rural Braggadocio</b> 0780				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>Larkin</b> c. (Last) <b>Olree</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1955</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 28, 1892</b>		9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wrightsville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Olree</b>			13b. MOTHER'S MAIDEN NAME <b>Annie Devree</b>		14. NAME OF HUSBAND OR WIFE <b>Gladys Smith Olree</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Harry Doyle Olree</b> ADDRESS <b>Braggadocio, Mo.</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>Generalized Carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of recto-sigmoid</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>154X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>	
19a. DATE OF OPERATION <b>Jan. 1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of recto-sigmoid - metastases to sacrum</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) m.		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>Jan</b> , 1955, to <b>May 9</b> , 1955, that I last saw the deceased alive on <b>5-9</b> , 1955, and that death occurred at <b>3:05 P.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>M. Kicketson, M.D.</b>				23b. ADDRESS <b>Hayti, Mo.</b>		23c. DATE SIGNED <b>5-10-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 11, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hayti, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>5-11-55</b>		REGISTRAR'S SIGNATURE <b>John W. Gorman</b> 406		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.S. Smith Funeral Home C'ville. Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

5-156-55

MAY 20 1955

MAY 20 1955

MAY 20 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. Jewer Fike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.