

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27521

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HERCULANUM		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) R2 POPLAR BLUFF	

3. NAME OF DECEASED (Type or Print) a. (First) LESSIE b. (Middle) MURIEL c. (Last) HARWELL			4. DATE OF DEATH (Month) (Day) (Year) NOV 4 1950			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 21 1924	9. AGE (In years last birthday) 26	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) POPLAR BLUFF MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME TONA THOMPSON		13b. MOTHER'S MAIDEN NAME GRACIE I. HIGGS		14. NAME OF HUSBAND OR WIFE WILLIAM L. HARWELL	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LOYD THOMPSON 6115 SWS POPLAR BLUFF MO	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inquest Pending		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				68106 26
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION abd	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) the way to	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Herculanum Jefferson MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-4-50 2A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? auto accident O.M.V.

22. I hereby certify that I attended the deceased from **Sept**, 19 **1894**, 19 **52**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel J. Mahan Coroner Co. D		23b. ADDRESS DeSoto Mo.		23c. DATE SIGNED 11/4/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-7-50	24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff	24d. LOCATION (City, town, or county) (State) Poplar Bluff MO	
DATE REC'D BY LOCAL REG. 11-6-50	REGISTRAR'S SIGNATURE Eleanor Duvine	25. FUNERAL DIRECTOR'S SIGNATURE Link Funeral Parlor		ADDRESS DeSoto MO

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

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DEC 1 1950

DEC 8 1950

DEC 8 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 11-17-50

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
Student Embalmer

Signed *Eleanora Poince*

Licensed Embalmer No. *3403*

P. O. Address *Festus 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 this body is not embalmed, fact should be so stated above.