

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37522**

FILED NOV 22 1950

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u> c. CITY OR TOWN <u>POPLAR BLUFF</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>HERCULANEUM</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>R 2 POPLAR BLUFF</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>HARWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 4 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR 29 1919</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 24 HRS. Hours Min. <u>6 5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICAL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MANF CO</u>	11. BIRTHPLACE (State or foreign country) <u>POPLAR BLUFF MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>William Harwell</u>	13b. MOTHER'S MAIDEN NAME <u>DORA BOLLINGER</u>	14. NAME OF HUSBAND OR WIFE <u>LESSIE MURIEL T HOMPSON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>	16. SOCIAL SECURITY NO. <u>486-20-0524</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>LLOYD EDWARD THOMPSON</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest Pending</u>		DUE TO (b) _____		<u>8 1/2 h</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>2 h</u>
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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>the way 67</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Herculaneum Jeff Mo.</u>
21d. TIME OF INJURY (Month) (Day) - (Year) (Hour) <u>11-4-50 2A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>

22. I hereby certify that I attended the deceased from August 19 1950, 1950, 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) <u>Daniel J. Mahoney MD</u>		23b. ADDRESS <u>650 So. 1st, Mo.</u>		23c. DATE SIGNED <u>11/4/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Poplar Bluff</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-6-50</u>	REGISTRAR'S SIGNATURE <u>Eleanor Jovine</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Jinks Funeral Home</u>	ADDRESS <u>Festus Mo</u>	

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

05003 ✓

DEC 1 1950

1950-10-22
1924-11-13

1950-11-13
1914-11-13

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

1950

NEWS

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 Eliuant Province

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.