

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7975

State File No. ....

0350  
 1

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

BIRTH NO. _____		REG. DIST. NO. <u>105</u>		PRIMARY REG. DIST. NO. <u>4177</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton Rural</u> <u>0350</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lorenzo</u> b. (Middle) <u>George</u> c. (Last) <u>Harvell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-23-51</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>2-26-1899</u>		9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>	IF UNDER 2 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clarkton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ram Harvell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bradley</u>		14. NAME OF HUSBAND OR WIFE <u>Davy Harvell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Davy Harvell Clarkton Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Congestive Heart Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral regurgitation</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>6 mo +</u>  <u>410X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/16</u> , 19 <u>51</u> , to <u>3/22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/22</u> , 19 <u>51</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE, (Degree or title) <u>Wallace A. Selby M.D.</u>				23b. ADDRESS <u>Campbell Mo.</u>		23c. DATE SIGNED <u>3/24/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-25-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/24/51</u>		REGISTRAR'S SIGNATURE <u>Marguerite George</u>		440		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd Russell Piquette Ark</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 3-29-51 .....

COUNTY FILE NUMBER ..351-89.....

JUL 17 1956

JUL 31 1952

*not intended for use as a receipt*

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lloyd M. Russell  
Licensed Embalmer No. 509- Ark.  
P. O. Address Jaycott, Ark.

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.

*Lloyd M. Russell*