

STANDARD CERTIFICATE OF DEATH

No. 300  
10. 48

FILED JUL 6 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUNNEWELL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUNNEWELL</u> <u>1020</u>	
c. LENGTH OF STAY (in this place) <u>50425</u>		d. STREET ADDRESS (If rural, give location) <u>Town Limits</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Town Limits</u>		d. STREET ADDRESS (If rural, give location) <u>Town Limits</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOTTA</u>	b. (Middle) _____	c. (Last) <u>HARWOOD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7/26/1869</u>	9. AGE (in years last birthday) <u>81</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>2</u>	11. UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HENRY KEMPER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BROOKS</u>	14. NAME OF HUSBAND OR WIFE <u>EDWARD HARWOOD 40</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Harwood</u> ADDRESS <u>Hunnewell Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure (paralysis)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage +</u>		<u>2 Months</u>
	DUE TO (c) <u>Hemorrhage (Medulla)</u>		<u>2 Weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Paralysis (Hemiplegia)</u> <u>1 Month</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <u>Hunnewell Shelby Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 15, 1951, to 6-28, 1951, that I last saw the deceased alive on 6-28, 1951, and that death occurred at 330 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Pfeffer B.S., D.O.</u>	23b. ADDRESS <u>Hunnewell Mo.</u>	23c. DATE SIGNED <u>6-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>6/30/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Town Cemetery</u>	24d. LOCATION (City, town, or county) STATE <u>NEAR ELWOOD Illinois</u>
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DATE REC'D BY LOCAL REG. <u>6-29-51</u>	REGISTRAR'S SIGNATURE <u>Ada Harrison 419</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gitan Funeral Home Hunnewell Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Date Received: **JUL 2 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *7-57-1200*  
Date Filed: **JUL 3 1951**

**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 \_\_\_\_\_

Licensed Embalmer No. *3720*

P. O. Address *Monroe City, 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.