Health, Welfare Public Service

FILED MAY 6 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015084
STATE FILE NUMBER

BL-1651 XC-1 983 669 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 3835

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VAH, 915 NO. GRAND — Length of stay in Hospital: 45 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1605 LAWRENCE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: SHELTON Middle: C. Last: HARWOOD

4. DATE OF DEATH Month Day Year: 4/17/59

5. SEX: DMALE **6. COLOR OR RACE:** WHITE **7. MARITAL STATUS:** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8/5/97

9. AGE (In years last birthday): 61 — 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): GUARD
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): LUTESVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: FRANK HARWOOD
13b. MOTHER'S MAIDEN NAME: MINDY MIRS
14. NAME OF HUSBAND OR WIFE: OPAL J. HARWOOD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 490-18-0903
17. INFORMANT Address: VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	BILATERAL PULMONARY INFARCTION	30 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	METASTIC CA OF LIVER	2 MONTHS
DUE TO (c)	CA OF PANCREAS 157X	3 MONTHS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] NONE [X]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/3/59, to 4/17/59 and last saw him alive on 4/17/59
Death occurred at 9:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert E. Weiss M.D.
22b. ADDRESS: VA HOSPITAL, ST. LOUIS, MO.
22c. DATE SIGNED: 4/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-17-59
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Advance Mo

24. FUNERAL DIRECTOR: Albert H. Hoppe **ADDRESS:** 4700 Washington
25. DATE RECD. BY LOCAL REG.: APR 18 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed Edward R Sadler

Licensed Embalmer No. 4077

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.