

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045622

FILED VS. JAN 12 1961

STATE FILE NUMBER

Registration District No. 102 Primary Registration District No. 102 Registrar's No. 5446

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cardwell</i>		Length of stay in lb <i>7 yrs</i>	c. CITY OR TOWN <i>Cardwell</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5 miles south-west of Cardwell, Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Rt. 1</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Joseph</i> Middle <i>Birgel</i> Last <i>Harrell</i>			4. DATE OF DEATH Month <i>December</i> Day <i>28</i> Year <i>1960</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7/4/1882</i>	9. AGE (last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and state or country) <i>Arkansas</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Flora Harrell</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Edgar Harrell - Cardwell, Mo. Rt. 1</i>
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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)	<i>Myocardial Infarction</i>	
DUE TO (b)	<i>Coronary Insufficiency</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	<i>Coronary Thrombosis</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 *DOB with history of coronary thrombosis treated by another physician - Dr. B. Hayden* and last saw him alive on *the date stated above, and to the best of my knowledge, from the causes stated.*
Death occurred on *the date stated above, and to the best of my knowledge, from the causes stated.*

22a. SIGNATURE (Degree or title) <i>Jack Swafford mo.</i>	22b. ADDRESS <i>Cardwell, Mo.</i>	22c. DATE SIGNED <i>1-7-61</i>
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/31/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mary Cemetery</i>
24. FUNERAL DIRECTOR <i>Howard Funeral Service, Beechville, Ark</i>		23d. LOCATION (City, town, or county) (State) <i>Craighead County, Arkansas</i>
25. DATE RECD. BY LOCAL REG. <i>1-9-61</i>		26. REGISTRAR'S SIGNATURE <i>Edgar Harrell</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2016

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 7/7/2016

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.