

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021789

STATE FILE NUMBER

AMENDED

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 55

FILED JUL 13 1961

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u> c. CITY OR TOWN <u>Maysville</u> d. STREET ADDRESS (If outside, give location) <u>-----</u>	
Length of stay in 1b <u>16 das.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Clifton</u> Middle <u>I.</u> Last <u>Harwood</u>			4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1961</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/20/01</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Appliance Store</u>		11. BIRTHPLACE (City and state or country) <u>Amity, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Frank Harwood</u>		13b. MOTHER'S MAIDEN NAME <u>Olive Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma</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. <u>520 28 4158</u>		17. INFORMANT Address <u>Medical Records, Mo. S.S., Mt. Vernon</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Right ventricular hypertrophy</u>		?
DUE TO (c) <u>Pulmonary emphysema and fibrosis</u>		Years

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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>6/21/61</u> to <u>7/7/61</u> and last saw him alive on <u>7/7/61</u> Death occurred at <u>9:50</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>H. Vernon Langstetter M.D.</u>		22b. ADDRESS <u>Mt. Vernon, Missouri</u>		22c. DATE SIGNED <u>7/7/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-9-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Amity Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Amity Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>John Braun Maysville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-8-1961</u>	26. REGISTRAR'S SIGNATURE <u>S.D. Hassett</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Max L. Farnett

Licensed Embalmer No. 4252

P. O. Address M. Vernon, 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.