

10. 300
10. 48

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32327

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in route to Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>107 Lilian Drive</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Daniel</u>	b. (Middle) <u>Leo</u>	c. (Last) <u>Harwell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 25, 1950</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>March 22, 1909</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 15 Hrs. Hours	IF UNDER 15 Min. Min.
--------------------	-------------------------------	---	--	---	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Decorator Self</u>	11. BIRTHPLACE (State or foreign country) <u>Columbus, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>N. C. Harwell</u>	13b. MOTHER'S MAIDEN NAME <u>Gathern Vaughn</u>	14. NAME OF HUSBAND OR WIFE <u>Mozell Harwell</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mozell Harwell Sikeston, Missouri.</u>	ADDRESS _____
---	-------------------------------	---	---------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>89834</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cut in forehead - Concussion, Left eye & Left temple nose broken</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hard palate broken loose Hemorrhage</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 60 West</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sikeston Scott Mo.</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-25-1950 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fright</u>
--	---	---

22. I hereby certify that I attended the deceased from First 10 Call after 19 Jan 1950 and that I saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lloyd Poe</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Sikeston Mo.</u>	23c. DATE SIGNED <u>9/27/50</u>
------------------------------------	----------------------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/27/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston-New Madrid Mo.</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Oct 4 50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Taylor Funeral Home Sikeston Mo</u>	ADDRESS _____
---	--	--	---------------

(Licensed Embalmer's Statement on Reverse Side)

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

0 2
3

RECEIVED **OCT 9 195**
SCOTT COUNTY HEALTH C
CO. FILE NO. 1050-

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. 4695

P. O. Address _____

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.