

FILED OCT 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29366

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5004 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Connellsville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Connellsville</b>	
c. LENGTH OF STAY (in this place) <b>6 months</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home--Connellsville, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>E.</b> c. (Last) <b>Bywater</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24, 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 3, 1891</b>
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>	11. BIRTHPLACE (State or foreign country) <b>Stahl, Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Mine</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>James P. Bywater</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth L. Danner</b>	14. NAME OF HUSBAND OR WIFE <b>Pearl Hoffner</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. I</b>		16. SOCIAL SECURITY NO. <b>494-10-8681</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Bywater, Connelsville, Mo.</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> II. OTHER SIGNIFICANT CONDITIONS <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 24, 1951</b> , to <b>Sept 24, 1951</b> , that I last saw the deceased alive on <b>Sept 24, 1951</b> , and that death occurred at <b>7:32 AM.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <b>H. P. Garrison M.D.</b>		23b. ADDRESS <b>Novinger, Missouri</b>	23c. DATE SIGNED <b>9/25/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/26/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Novinger</b>	24d. LOCATION (City, town, or county) (State) <b>Novinger, Missouri</b>
DATE REC'D BY LOCAL REG. <b>9-26-51</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul H. Riley</b> ADDRESS <b>Kirksville, Mo.</b>	

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

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FEB 27 1957

OCT 5 1957

Date Received: OCT 2 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-1761  
Date Filed: OCT 2 1957

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 Polie Kessel.....

Licensed Embalmer No. 4690.....

P. O. Address Kirksville, 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.