

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4719</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 mo.</u>		c. CITY OR TOWN <u>Windsor</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>				STREET ADDRESS (If rural, give location) <u>R.R. # 1</u>				<u>0420</u> <u>0421</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle) _____			c. (Last) <u>Narwood</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 10 - 54</u>			5. SEX <u>M</u>			6. COLOR OR RACE <u>W</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>			8. DATE OF BIRTH <u>3-30-82</u>			9. AGE (In years last birthday) <u>72</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Mo</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>WALTERS HARWOOD</u>			13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE NICHOLS</u>			
14. NAME OF HUSBAND OR WIFE <u>EFFIE FRANCIS HARWOOD</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. E. L. BLACKBAY</u>			18. ADDRESS <u>Calhoun, Mo</u>			19. MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural hemorrhage - large - right</u>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>332X</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Encephalomalacia - focal - multiple.</u>			DUE TO (b) <u>Confluent bronchopneumonia, right lower lobe</u>			
DUE TO (c) _____			19a. DATE OF OPERATION <u>8/10/54</u>			19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of larynx</u>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <u>8-8</u> , 19 <u>54</u> , to <u>10-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-9</u> , 19 <u>54</u> , and that death occurred at <u>2:30 A</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Oscar T. Pinski</u>			23b. ADDRESS <u>Menorah Med Center</u>			23c. DATE SIGNED <u>10-10-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			24b. DATE <u>10-12-54</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Shilo Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Johnson Co. Mo.</u>			DATE REC'D BY LOCAL REG. <u>10-10-54</u>			REGISTRAR'S SIGNATURE <u>neva minshall</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. BROWNINGER</u>			ADDRESS <u>WAKRENSBURG, Mo</u>			(Licensed Embalmer's Statement on Reverse Side)			

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

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 Me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R A Brunner.....
Licensed Embalmer No. 337

P. O. Address Waukesha.....

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.