S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 24 1948

Registration District No. 70

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 19955

Registrar's No. 66

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

1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace O Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1½ days (Specify whether years, months or days)
In this community: 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jasper 49
(c) City or town: Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 819 west Broadway 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Olivier M. Harvey
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie Harvey
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: Dec (Month) 22 (Day) 1869 (Year)

8. AGE: Years 78 Months 5 Days 19 If less than one day hr. min.

9. Birthplace: Danville (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Ret. Ass Post Master
11. Industry or business:
FATHER
12. Name: Samuel W. Harvey
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Lyster
15. Birthplace: Unknown (City, town, or county) South Carolina (State or foreign country)
16. (a) Informant: Mrs W J Kirk
(b) Address: Webb City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope Cemetery
18. (a) Signature of funeral director: Palmer
(b) Address: Lebanon Mo.
19. (a) 6-15-48 (Date received local registrar) (b) Thomas B Lynch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from JUNE 9, 1948 to JUNE 11, 1948 that I last saw him alive on JUNE 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CORONARY OCCLUSION	
Due to: ARTERIOSCLEROTIC HEART DISEASE	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NONE	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: B B Hurst (M. D. or other) M.D.
Address: Lebanon, Mo. Date signed 6-11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 6/22/48

Laclede County Health Unit

File No. 6148-60

Date Filed 6/22/48

JUN 29 1948

MAR 26 1958

JUL 6 1948

JUN 6 1959

JUN 28 1948

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 Richard L Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed S. P. Palmer

Licensed Embalmer No. 2268

P. O. Address Lebanon 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.