

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39738

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5373 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Maysville (Rural-Camden Twp)</u>		c. LENGTH OF STAY (In this place) <u>60 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maysville (Rural-Camden Twp)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>LEE</u> c. (Last) <u>HARVEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27 1948</u>			
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 11, 1876</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Deeridge Mo. D 9 4</u>			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME <u>John Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Mary J. Byles</u>			14. NAME OF HUSBAND OR WIFE <u>Johnny Harvey</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Johnny Harvey Maysville Mo</u>			
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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. <u>50</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of right lung</u> DUE TO (c) <u>Cancer of breast, 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>Sudden</u> <u>3 yrs.</u> <u>7 yrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>Maysville DeKalb Mo</u>	
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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?		
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22. I hereby certify that I attended the deceased from April 1942 to Dec 27, 1948, that I last saw the deceased alive on Dec 27, 1948, and that death occurred at 7:03 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Roscoe Davidson M.D.</u>			23b. ADDRESS <u>Maysville Missouri</u>			23c. DATE SIGNED <u>12-28-48</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>Dec 29 48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo</u>	
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DATE REC'D BY LOCAL REG. <u>12-29-48</u>		REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PILCHER FUNERAL HOME Maysville Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

329

MAR 2 1950

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~~ by

Neal R Dawson

Student Embalmer No. *484*

working under my personal supervision.

Signed *Neal R Dawson*
Student Embalmer

Signed *C. T. Pilcher*
C. T. Pilcher
Licensed Embalmer No. *3960*

P. O. Address *Maysville 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.