

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

FILED AUG 9 1949

STANDARD CERTIFICATE OF DEATH

State File No. 24129

BIRTH NO. REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 217 W. 84 Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 217 W. 84 Street			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Alfred c. (Last) Harvey			4. DATE OF DEATH (Month) (Day) (Year) July 30 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8, 1884	9. AGE (In years of last birthday) of UNDER 1 YEAR 65 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Morgan Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marshall Harvey		13b. MOTHER'S MAIDEN NAME Jennie Shocum		14. NAME OF HUSBAND OR WIFE Lillie Harvey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-16-3271		17. FUNERANT'S SIGNATURE OR NAME Mrs Lillie Harvey	
				ADDRESS Eldon Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver & Metastatic cancer</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Lung</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		156A	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 Jan 1949, to July 30, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 7:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. Allee M.D.		(Degree or title)		23b. ADDRESS Eldon Mo.	
				23c. DATE SIGNED 8/1/49	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 1 - 1949		24c. NAME OF CEMETERY OR CREMATORY Eldon Cemetery	
				24d. LOCATION (City, town, or county) (State) Eldon Mo.	

DATE REC'D BY LOCAL REG. Aug 1, 1949		REGISTRAR'S SIGNATURE Catherine Waltz		192 25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Kays	
				ADDRESS ELDON Mo	

District File Number _____
RECEIVED
AUG 8 1949
District Health Officer No. 9,

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 Keith M. Kays
Licensed Embalmer No. 3998
P. O. Address Eldon 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.