

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29236

State File No.

FILED OCT 14 1949

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LIBERAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LIBERAL	
c. LENGTH OF STAY (in this place) 66 YRS.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) EDITH b. (Middle) ELDA c. (Last) HARVEY			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 27, 1949			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)	8. DATE OF BIRTH APR. 13, 1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LIBERAL, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME W. A. DeLISSA	13b. MOTHER'S MAIDEN NAME LYDIA BAKER	14. NAME OF HUSBAND OR WIFE WALTON E. HARVEY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WALTON E. HARVEY, LIBERAL, MO. ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 DUE TO (c) 0		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0		260X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) 0 m.	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 Sept 14, 1949, to Sept 26, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. G. Eddlemson M.D.	23b. ADDRESS Liberal Mo	23c. DATE SIGNED 9/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 29, 1949	24c. NAME OF CEMETERY OR CREMATORY BARTON CITY	24d. LOCATION (City, town, or county) (State) LIBERAL, MO.
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DATE REC'D BY LOCAL REG. Sept 29, 1949	REGISTRAR'S SIGNATURE Charlotte McDowell	25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME ADDRESS LAMAR, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 12 1949
District Health Office
District File Number 1049-1120
Date Filed 10-12-49

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.

Signed _____

Earl J. Konantz

Signed _____
Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.