

FILED SEP 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 30733

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 171

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bentonville</b>	979 0 10
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>211 N.W. D-St.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Houston</b> c. (Last) <b>HARVEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 21, 1896</b>	9. AGE (in years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Knoxville, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Charles M. Harvey</b>		13b. MOTHER'S MAIDEN NAME <b>Lillie E. Hickey</b>		14. NAME OF HUSBAND OR WIFE <b>Nora Belle Frazier Harvey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW #1</b>		16. SOCIAL SECURITY NO. <b>492-24-7957</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Nora Belle Harvey</b> ADDRESS <b>211 N.W. D-St., Bentonville, Ark.</b>		

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</b>			10 yrs
		and DUE TO (b) <b>Diabetic acidosis</b>			about 12 hours
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>0</b>		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 12 Sept '49, to 12 Sept '49, that I last saw the deceased alive on 12 Sept '49, and that death occurred at 8:40 m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Carthage Mo</b>	23c. DATE SIGNED <b>12 Sept '49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-15-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clarksville</b>	24d. LOCATION (City, town, or county) (State) <b>Clarksville, Ark.</b>

DATE REC'D BY LOCAL REG. <b>9-12-49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed. C. Ulmer</b>	ADDRESS <b>Carthage, Mo.</b>
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RECEIVED 9-20-49  
Jasper County Health Office

County File Number 49-9-699

Date Filed 9-24-49

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1956

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EMBALMED  
SEP 24 1949

OCT 8

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Gene C. Pugh*  
Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.