

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4636

BIRTH NO.		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 4205		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Harrison b. CITY (If outside corporate limits, write RURAL and give town) none c. LENGTH OF STAY (in this place) 18 months d. FULL NAME OF HOSPITAL OR INSTITUTION none				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison c. CITY (If outside corporate limits, write RURAL and give township) Gilman City 0410 d. STREET ADDRESS none 0			
3. NAME OF DECEASED (Type or Print) REA a. (First) b. (Middle) c. (Last) HARVEY			4. DATE OF DEATH (Month) (Day) (Year) 2 27 1950				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 4-12-1888	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Glenwood West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S. A	
13a. FATHER'S NAME Dora Harvey			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Nellie Harvey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (World War No. 1)		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Harvey Gilman City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 4501	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Gilman City Harrison Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert P. Boggess, Coroner				23b. ADDRESS Ridgeway Mo		23c. DATE SIGNED 3-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-2-1950		24c. NAME OF CEMETERY OR CREMATORY A. F. W. A. M.		24d. LOCATION (City, town, or county) (State) East of Gilman City Mo	
DATE REC'D BY LOCAL REG. Mch 6-50		REGISTRAR'S SIGNATURE Zola Burres		116		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. W. D. Haines, Gilman City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

MAR 13 1950

MAR 17 1950

VS DEC 2 1959

VS DEC 2 1959

MAR 14 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, or by.....

W. D. Haines

working under my personal supervision.

Student Embalmer No.....

Signed *W. D. Haines*

Signed.....
Student Embalmer

Licensed Embalmer No. *949*

P. O. Address *Belmont City, 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.