

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1950

State File No. 28263
Registrar's No. 7469

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119
d. FULL NAME OF HOSPITAL OR INSTITUTION 4313 Cook Ave			10. STREET ADDRESS (If rural, give location) 4313 Cook Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) _____ c. (Last) Harvey			4. DATE OF DEATH (Month) (Day) (Year) 8 -28-50		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1 -1 - 80		9. AGE (in years last birthday) 70 IF UNDER 1 YEAR Months _____ IF UNDER 4 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Liggett-Meyers	11. BIRTHPLACE (State or foreign country) Wyona, Miss.		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Scott Harvey		13b. MOTHER'S MAIDEN NAME Gertrude Wright		14. NAME OF HUSBAND OR WIFE Pinkey Harvey 4313Cook	
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. 489-10-5544	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leona Harvey Marshall 35471aclede		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Med. Cert. Carcinoma of lung					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH _____					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X	
22. I hereby certify that I attended the deceased from July 1, 1950 , to Aug 28, 1950 , that I last saw the deceased alive on Aug 28, 1950 , and that death occurred at 4 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Walter A. Young			23b. ADDRESS 2337 Market		23c. DATE SIGNED 8.21.50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-2-50	24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff, Missouri		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. SEP 1 1950		REGISTRAR'S SIGNATURE J. B. Pascoe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Harrison and Co. 2906 Spawton	

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

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 *Daniel W. Hughes*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4802

P. O. Address St. Louis, 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.