

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35970

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 225 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Lemon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3938</u>	
c. LENGTH OF STAY (In this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>7421 Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Wayler</u> c. (Last) <u>Harvey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-16-1875</u>
9. AGE (In years) last birthday <u>74</u>		10. AGE (In years) if under 1 year Months <u>10</u> Days <u>24</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during present working life, even if retired) <u>Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>Illinois</u>		13a. FATHER'S NAME <u>Alfred Harvey</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth George</u>		14. NAME OF HUSBAND OR WIFE <u>alice Harvey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <u>Induction</u>		16. SOCIAL SECURITY NUMBER <u>15-16-05478</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alice Harvey / 7421 Washington B.C. Mo</u>			
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		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>Cerebro Arteriosclerosis</u>	
DUE TO (c)		3 years -	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332x	
19a. DATE OF OPERATION <u>none</u>	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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 <u>9-20-1950</u> , to <u>10-10-1950</u> , that I last saw the deceased alive on <u>10-9-1950</u> , and that death occurred at <u>1:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>J. R. Bunch, M.D.</u>		23b. ADDRESS <u>State Hospital # 3</u>	23c. DATE SIGNED <u>10-10-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<u>Burial - 0</u>	<u>10-12-50</u>	<u>Mt Moriah</u>	<u>Jackson Co Mo</u>
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<u>Oct. 13, 1950</u>	<u>Kathryn J. VanCott</u>	<u>Wormall Funeral Home K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 16 1950
Dist. File 1050-2103
Date Filed 10-16-50

DEC 5 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K.C. 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.

[Handwritten signature]