

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23772
Registrar's No. 52

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 9045

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. LENGTH OF STAY (In this place) 20 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Charleston		d. STREET ADDRESS (If rural, give location) Charleston, Mo.					
3. NAME OF DECEASED (Type or Print) a. (First) Will		b. (Middle) Joe		c. (Last) Harvell			
4. DATE OF DEATH (Month) (Day) (Year) June, 11, 1951		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April, 13, 1914		9. AGE (In years last birthday) Months Days Hours Min. 37			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Station Operator		10b. KIND OF BUSINESS OR INDUSTRY Gas Station Operator		11. BIRTHPLACE (State or foreign country) Savannah, Tenn.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME G. T. Harvell		13b. MOTHER'S MAIDEN NAME Florence McCallen			
14. NAME OF HUSBAND OR WIFE Velma Ruth Harvell		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. 495-14-2615			
17. INFORMANT'S SIGNATURE OR NAME Velma Ruth Harvell		ADDRESS Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cx of spine & 3rd rib (rt) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary focus not found DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 9/13/51 12/7/51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of rib		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) 196x			
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 May 7, 1950 , to June 11, 1951 , that I last saw the deceased alive on June 11, 1951 , and that death occurred at 5:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE L. Chestnut M.D.		(Degree or title)		23b. ADDRESS Charleston Mo			
23c. DATE SIGNED 6/18/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/13/51			
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Mo					
DATE REC'D BY LOCAL REG. July 11, 1951		REGISTRAR'S SIGNATURE Dwight H. Tolson		25. FUNERAL DIRECTOR'S SIGNATURE Michael J. ...			
		439		ADDRESS Michael J. ...			

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

JUL 13 REC'D

RECEIVED

Miss. Co. Health Dep

County File No. _____

Date Filed Jul 13 19

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.

Signed

Edward E. ...

Signed.....
Student Embalmer

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.