

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30084**

No. 300
10, 48
FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **512**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor | |
| c. LENGTH OF STAY (In this place) 16 days | | d. STREET ADDRESS (If rural, give location) 409 E. Florence St | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) V. c. (Last) HARVEY | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 29 1951 | | |
|---|--|--|--|--|--|

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|--------------------|-------------------------------|---|------------------------------------|---|---|---|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Mar 5 1876 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|------------------------------------|---|---|---|

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|--|--|---|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-retired | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Benton County, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
|--|--|---|--|---|--|---|--|

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|---|--|---|--|---|--|--|--|
| 13a. FATHER'S NAME Isaac T. Harvey | | 13b. MOTHER'S MAIDEN NAME Ellen Howell | | 14. NAME OF HUSBAND OR WIFE Matth Harvey | | | |
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|---|--|-------------------------------------|--|---|--|----------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. T.V. Harvey | | ADDRESS Windsor Mo. | |
|---|--|-------------------------------------|--|---|--|----------------------------|--|

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 16 da. | |
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|------------------------------|--|--|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------------|--|--|--|--|--|--|--|

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|--|--|--|--|--|--|
| 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) Windsor Henry Mo. | |
|--|--|--|--|--|--|

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|---|--|--|--|----------------------------------|--|
| 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 **9-15**, 1951, to **9-29**, 1951, that I last saw the deceased alive on **9-29**, 1951, and that death occurred at **11:15 pm.**, from the causes and on the date stated above.

| | | | | | |
|--|--|-------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE Lucretia Windsor (Degree or title) _____ | | 23b. ADDRESS 202 Windsor Mo. | | 23c. DATE SIGNED 10-1-51 | |
|--|--|-------------------------------------|--|---------------------------------|--|

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|---|--|--------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-1-51 | | 24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery | | 24d. LOCATION (City, town, or county) (State) Windsor Missouri | |
|---|--|--------------------------|--|--|--|---|--|

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|--|--|--|--|---|--|-----------------------------|--|
| DATE RECD BY LOCAL REG Oct-1-51 | | REGISTRAR'S SIGNATURE Florence O. Adair | | 25. FUNERAL DIRECTOR'S SIGNATURE Kuston Turner | | ADDRESS Windsor, Mo. | |
|--|--|--|--|---|--|-----------------------------|--|

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

RECEIVED 10-8-57

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 10-9-57

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 *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Shiloh, 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.