

FILED NOV 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32418

296

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn				
b. CITY OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 9 days		c. CITY OR TOWN Browning		0580		
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Mem Hosp				d. STREET ADDRESS (If rural, give location) /				
3. NAME OF DECEASED (Type or Print) a. (First) Mabel b. (Middle) Irene c. (Last) Harvey			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 51					
5. SEX fe /		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH June 11, 1902		
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Lester M Kenley			13b. MOTHER'S MAIDEN NAME Nora O. Beeck			14. NAME OF HUSBAND OR WIFE E. Jay Harvey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---		16. SOCIAL SECURITY NO. 00--		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. Jay Harvey Browning 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, asthenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia (Myelogenous) (acute)		INTERVAL BETWEEN ONSET AND DEATH 1 yr.						
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.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2041					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)		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 Jan 17, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 3:55 p.m., from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 11/3/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 3, 51		24c. NAME OF CEMETERY OR CREMATORY White Oak		24d. LOCATION (City, town, or county) (State) Browning (rural) Mo		
DATE REC'D BY LOCAL REG. 11-3-51		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wade Funeral Home Browning mo				

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 13 1951  
DISTRICT HEALTH OFFICE #2

District File Number 11-37-2027

Date Filed: NOV 13 1951

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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 Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.