

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 41951

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 508

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0480</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>0460</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>Blue</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>Blue</u> <u>0</u> | |
| c. LENGTH OF STAY (In this place) <u>35 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>RR 2, Cogan Rd.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u> <u>Cogan Rd. R.2</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>T</u> c. (Last) <u>Harvey</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1951</u> | | |
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| 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>May 25, 1886</u> | | 9. AGE (In years last birthday) <u>65</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 HRS. Hours Min. | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Chiropractor</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Weatherford, Texas</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
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| 13a. FATHER'S NAME <u>William Harvey</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Luella Parker</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Ethel Harvey</u> | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Harvey</u> ADDRESS <u>Independence, Mo.</u> | | | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | | | 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) | |
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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? | | |
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22. I hereby certify that I attended the deceased from Jan 1950, to Dec 27, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 10:00A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>M. R. Whelstone, Jr.</u> (Degree or title) | | | 23b. ADDRESS <u>Independence, Mo.</u> | | | 23c. DATE SIGNED <u>12/28/51</u> | | |
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| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Dec 29, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATOR <u>Ft. Worth</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ft. Worth, Texas.</u> | | | |
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| DATE REC'D BY LOCAL REG. <u>Nov 29-1951</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>G. C. Carson</u> ADDRESS <u>Independence, Mo.</u> | | |
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 8 REC'D

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address. Independence, 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.