

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27395**

FILED AUG 18 1952

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 252	
1. PLACE OF DEATH a. COUNTY Cape Girardeau,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 2 months		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		d. STREET ADDRESS (If rural, give location) 1192a Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1192 a Broadway				d. STREET ADDRESS (If rural, give location) 1192a Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) H.		c. (Last) Harvey		4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1952	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 9, 1904	
9. AGE (In years last birthday) 48		F UNDER 1 YEAR Months		F UNDER 1 YEAR Days		F UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Manager		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Holcomb, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME D. H. Harvey		13b. MOTHER'S MAIDEN NAME Lavena Baker		14. NAME OF HUSBAND OR WIFE			
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. 327-16-1369		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe W. Harvey, Cape Girardeau, 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) Cerebral embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma hypopharynx metastases - cerebral DUE TO (c) + pulmonary				INTERVAL BETWEEN ONSET AND DEATH 14 hours 30 mos.	
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 147x	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 30, 1952 to Aug. 8, 1952 , that I last saw the deceased alive on Aug 7, 1952 , and that death occurred at 9:45 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. H. Trolinger, M.D.				23b. ADDRESS J. H. TROLINGER, M. D. JACKSON, MISSOURI		23c. DATE SIGNED 8/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 10, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. 8-11-52		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Forberg		ADDRESS Cape Girardeau, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0164

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

C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.