

U.S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42514**

FILED JAN 6 1953

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **486**

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JAN 6 1953

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry		
b. CITY OR TOWN Indp. Mo		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Albany Mo 2311		
d. FULL NAME OF HOSPITAL OR INSTITUTION Indp. Sanitarium			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Webb c. (Last) Harvie			4. DATE OF DEATH (Month) (Day) (Year) 12 2 52		
5. SEX M	6. COLOR OR RACE Wht	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 28 March 1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life. If retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Wisconsin		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME William D Harvie		13b. MOTHER'S MAIDEN NAME Clara M Webb	14. NAME OF HUSBAND OR WIFE Vera Mae Harvie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes	16. SOCIAL SECURITY NO. # 2 5574-14-9863	17. INFORMANT'S SIGNATURE OR NAME Vera Mae Harvie		ADDRESS 11/22/52	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumothorax Spontaneous - 10 days				INTERVAL BETWEEN ONSET AND DEATH.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Empyema - Bronchit 10 days				
	DUE TO (c) Pneumonia - 10 days				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Insufficiency 10 days				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Chronic Aethno -				
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) 493 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/22, 1952 , to 12/2, 1952 , that I last saw the deceased alive on 12/1, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Fred W. Hink M.D. (Degree or title)		23b. ADDRESS 10229 Judson Ave KC Mo		23c. DATE SIGNED 12/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12/2/52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Albany Mo		
DATE REC'D BY LOCAL REG. 19-9-52	REGISTRAR'S SIGNATURE James O. Cozart	25. FUNERAL DIRECTOR'S SIGNATURE Stine-McBlure	ADDRESS K.C. Mo		

Dr. H. W. H. H.
10229 Rm. 10229

JAN 10 1953

MAR 6 1953

JAN 14 1953

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
Student Embalmer

Signed Low Clark
Student Embalmer No. _____

Licensed Embalmer No. 4216

P. O. Address D. B. 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.