

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10300**
RECEIVED
Registrar's No. **3428**

FILED MAR 23 1953

BIRTH NO.		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3428</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		d. STREET ADDRESS (If rural, give location) <u>302 Wiggins St</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>302 Wiggins St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>RAYMOND</u>		c. (Last) <u>HARVEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1953</u>		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>June 19, 1910</u>		9. AGE (In years last birthday) Months Days Hours Mins. <u>42</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr-Jasper Co Abstract</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>abstracting</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Liberal, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Edward Harvey</u>		13b. MOTHER'S MAIDEN NAME <u>Zuba Tibbets</u>	
14. NAME OF HUSBAND OR WIFE <u>Doris Lee Allington</u>		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>490-10-1978</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ray Harvey</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ray Harvey</u>		17. INFORMANT'S ADDRESS <u>302 Wiggins, Carthage</u>	
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>Shock & crush syndrome</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>Multiple contusions of head, body & extremities, contusion of left tibia, fracture of left tibia & ribs</u> DUE TO (c) <u>Automobile accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u> <u>30 hours</u> <u>30 hours</u>
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lawrence Mo</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Mar 12-53 9:30a</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>collision of two autos</u>		22. I hereby certify that I attended the deceased from <u>March 13, 1953</u> , to <u>March 14, 1953</u> , that I last saw the deceased alive on <u>March 14, 1953</u> , and that death occurred at <u>3:40a</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>M. Foster Khetter</u> (Degree or title) <u>MD</u>	
23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>3-15-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>Mar 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-15-53</u>		REGISTRAR'S SIGNATURE <u>L.B. Khetter MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u>	

0493

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

RECEIVED 3-20-53
Jasper County Health Office

County File Number 53/3/257

Date Filed 3-20-53

1953

MAR 27 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.