

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13397**

BIRTH NO. **FILED APR 20 1953** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **151**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo. 0124</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jess</b>	b. (Middle)	c. (Last) <b>Harvey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 5, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 15, 1891</b>	9. AGE (In years last birthday) <b>61</b>	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrenceville, Ill.</b>	12. COUNTRY OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>John Harvey</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Greer Harvey</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Harvey Poplar Bluff</b>
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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) <b>no.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eva Harvey Poplar Bluff, Mo.</b>	ADDRESS <b>Bluff, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Failure</b> DUE TO (c) <b>Bronchial Pneumonia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Osteoarthritis</b>		Interval between onset and death <b>2 days</b> <b>4 days</b> <b>About 2 years</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>491x</b>	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 **March 24, 1953**, to **April 5, 1953** that I last saw the deceased alive on **April 5, 1953** and that death occurred at **8:42am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Smith</b>	(Degree or title) <b>H.O.</b>	23b. ADDRESS <b>Box 328, Phelpsville, Mo.</b>	23c. DATE SIGNED <b>4-6-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4. 7, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter, Cem. De</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-6-53</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser.</b>	ADDRESS <b>Dexter, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED  
APR 15 1953

BUTLER CO. HEALTH CENTER

FILE No. 453-184

**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

*Walter Marsh Watkins*

Licensed Embalmer No. 4717

P. O. Address Depta, 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.