

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **35608**

FILED NOV 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>998</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Rogersville Rural</b>		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Infirmary</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Herman</b> b. (Middle) <b>Smith</b> c. (Last) <b>Harvey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 2 1953</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 10, 1872</b>	
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Harvey</b>			13b. MOTHER'S MAIDEN NAME <b>Matilda Smith</b>		14. NAME OF HUSBAND OR WIFE <b>deceased.</b>		
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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Harvey, Rogersville Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Benign Prostatic Hypertrophy</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>  <b>10 yrs</b>  <b>3 yrs</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>October, 1950</b> , to <b>November, 1953</b> , that I last saw the deceased alive on <b>10-19, 1953</b> , and that death occurred at <b>12:40 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. J. Paul, M.D.</b>				23b. ADDRESS <b>609 Cherry, Springfield Mo</b>		23c. DATE SIGNED <b>11/4/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 4, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holland Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Rogersville Rural, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-4-53</b>		REGISTRAR'S SIGNATURE <b>John Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. Ferrell, Rogersville Mo.</b> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer No. ....

Signed

*Max J Miller*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4720*

P. O. Address *Fairland, 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.