No. 300
10.48

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. W 39812

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sales Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Anderson Twp
d. STREET ADDRESS (If rural, give location): 1½ mi. W. of Anderson 1 0600

3. NAME OF DECEASED (Type or Print): a. (First) HOMER b. (Middle) OTTO c. (Last) HARVEY

4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-4-1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 10, Days 17 — IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Preston, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George Harvey
13b. MOTHER'S MAIDEN NAME: Velma B. Boucher
14. NAME OF HUSBAND OR WIFE: Lillie S. Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lillie S Harvey — ADDRESS: Anderson, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-18, 1953, *to* 11-21, 1953, *that I last saw the deceased alive on* 11-21, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. F. Whitehead M.D.
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 11-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-25-1953
24c. NAME OF CEMETERY OR CREMATORY: Anderson Cemetery
24d. LOCATION (City, town, or county) (State): Anderson, Mo.

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Melvin C Bowman 223
25. FUNERAL DIRECTOR'S SIGNATURE: Humphrey & Son Funeral Home — ADDRESS: Anderson Mo.

(Licensed Embalmer's Statement on Reverse Side) R.E. Cheatham " "

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 1953-227

Date Filed DEC 11 1953

NEOSHO, MISSOURI

MAY 13 1954

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 ml, Student Embalmer No. ✓ working under my personal supervision.

Student ✓
Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.