

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4865

State File No. ....

761

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) township) <b>35 years</b>	c. CITY OR TOWN <b>Kansas City</b>	Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>		5. STREET ADDRESS (If rural, give location) <b>3433 Askew</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RAY</b> b. (Middle) <b>VINCENT</b> c. (Last) <b>HARVEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 17, 1954</b>
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5. SEX <b>D</b> Male	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>September 23, 1891</b>	9. AGE (in years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grennan Baking Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Calhoun County, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Albert R. Harvey</b>	13b. MOTHER'S MAIDEN NAME <b>Helen Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Murrell Harvey</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WW I</b>	16. SOCIAL SECURITY NO. <b>487-069071</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records, Kansas City, Mo.</b> ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of colon, and multiple metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>9 Months</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		<b>153X</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____	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 **February 11, 1954**, to **February 17, 1954**, that his last words were ~~nothing to report~~ and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Thomas J. Rankin, M.D.</b> (Degree or title) <b>D</b>	23b. ADDRESS <b>V A Hospital, Kansas City, Mo.</b>	23c. DATE SIGNED <b>2-18-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>FEB-18-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BRACE HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>PERRY, OKLAHOMA</b>
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DATE REC'D BY LOCAL REG. <b>2-18-54</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.V. Newcomer, Inc.</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edward M. Stone*.....  
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Licensed Embalmer No. ....

P. O. Address *K.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.