

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29222

FILED SEP 20 1955

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY OR TOWN <u>Harrisonville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 South St.</u>		e. STREET ADDRESS (If rural, give location) <u>301 South St. 01910</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>HARVEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 1955</u>
--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 14 1882</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
--------------------	----------------------------	--	---	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Implement</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Appleton City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>James E. Harvey</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Roseberry</u>	14. NAME OF HUSBAND OR WIFE <u>Bess Harvey</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>494-12-9585</u>	17. INFORMANT'S SIGNATURE OR NAME <u>M. Harvey</u>	ADDRESS <u>Harrisonville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		
	DUE TO (c) <u>4200.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NO</u>			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

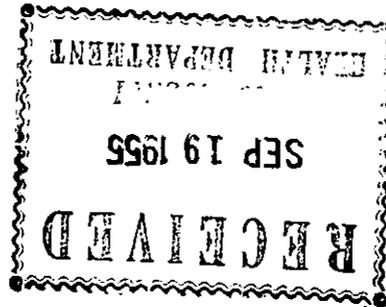
22. I hereby certify that I attended the deceased from 1948 to Sept. 10, 1955, that I last saw the deceased alive on Sept. 9, 1955, and that death occurred at 9 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Jurgan</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Harrisonville Mo.</u>	23c. DATE SIGNED <u>Sept. 13 1955</u>
---------------------------------------	-----------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 13, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>
--	------------------------------------	---	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Sept 13, 1955</u> <u>Dora Barwick</u>	4570- <u>4570-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rummerburger</u>	ADDRESS <u>Harrisonville Mo.</u>
--	------------------------	---	-------------------------------------

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



SEP 12 1955

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 *James R. Phillips*

Licensed Embalmer No. *464*

P. O. Address *Harrison*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.