

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29257

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>41</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>SANGAMON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY OR TOWN <u>CURRAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EXCELSIOR HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>BOX 77</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u>		b. (Middle) <u>NAZHANIEL</u>		c. (Last) <u>HARNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 21 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 11, 1895</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MILLING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WAVERLY, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM HARNEY</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>OLIVE FLOWERS HARNEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>W.W.I.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OLLIE HARNEY, CURRAN, ILL.</u>		ADDRESS _____	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation rupture of stomach</u> DUE TO (c) <u>Ulcer stomach, perforated with penetration in to pancreas</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u> <u>26 hrs</u> <u>unk.</u>	
19a. DATE OF OPERATION <u>9-21-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>no chanc</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____	
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 <u>9-21</u> , 1955, to <u>9-21</u> , 1955 that I last saw the deceased alive on <u>9-21</u> , 1955, and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dora Musgrave M.D.</u> (Degree or title)				23b. ADDRESS <u>Excelsior Springs Mo</u>		23c. DATE SIGNED <u>9-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEP 22 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHATHAM</u>		24d. LOCATION (City, town, or county) (State) <u>CHATHAM, ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>9-22-55</u>		REGISTRAR'S SIGNATURE <u>Barlene Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PRICHARD FUNERAL HOME, EX SPRINGS</u>		ADDRESS _____	

(Licensed Embalmers' Statement on Reverse Side)

Mo.

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

0.300
0.48



OCT 20 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 *Lindell J. Jansman*.....

Licensed Embalmer No. *458*
P. O. Address *Evansville, Indiana*

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.