

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File **30208**

FILED OCT 3 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4328 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Washington</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Bertrand</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Tadoma</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Bertrand, Mo.</u>		d. STREET ADDRESS: <u>6535 South Pawcett Ave., Tacoma, Washington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u> b. (Middle) <u>Michael</u> c. (Last) <u>Jolly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 1955</u>		
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Never Married</u>	
8. DATE OF BIRTH: <u>4/11/1937</u>		9. AGE (In years last birthday): <u>18</u>		10. UNDER 1 YEAR: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>U.S. Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>U.S. Army</u>		11. BIRTHPLACE (State or foreign country): <u>Bremerton, Washington</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME: <u>Harvey E. Jolly</u>		13b. MOTHER'S MAIDEN NAME: <u>Naomi Sanford</u>		14. NAME OF HUSBAND OR WIFE: <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>Yes</u>		16. SOCIAL SECURITY NO.: <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Harvey E. Jolly, Tacoma, Wash.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Truck turned over and fell on chest</u> DUE TO (c) <u>chest on Highway 60 and Junction B.</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hy 60-Bertrand</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Bertrand, Missouri</u> (COUNTY) _____ (STATE) _____	

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) <u>8-17-55 2:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck turned over making curve.</u>	
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22. I hereby certify that I attended the deceased from ATTENDED AS CORONER, 1955, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE: <u>Shelby Coronas</u> (Degree or title) <u>Coroner - East Prairie, Mo.</u>		23b. ADDRESS: _____		23c. DATE SIGNED: <u>8-18-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>		24b. DATE: <u>8/21/55</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Bremerton Cem.</u>	
				24d. LOCATION (City, town, or county) (State): <u>Bremerton, Washington</u>	

DATE REC'D BY LOCAL REG. <u>9.24.55</u>		REGISTRAR'S SIGNATURE: <u>Jean Desires</u>		25. FUNERAL DIRECTOR'S SIGNATURE: _____ ADDRESS: <u>Funerale Funeral Chapel Charleston, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 29 REC'D

RECEIVED

Miss. Co. Health

County File No. \_\_\_\_\_

Date Filed SEP 3

OCT 8 1963

**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 .....  
Student Embalmer

Signed John S. D. [Signature]  
Licensed Embalmer No. 3851

P. O. Address Charleston, Md

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.