

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1162**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3022** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Clinton</b>	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 <b>Wetzel Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>306 North Washington St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ISAAC</b>	b. (Middle) <b>TAYLOR</b>	c. (Last) <b>HARVEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 8, 1956</b>
--	---------------------------	-------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 20, 1884</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>18</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocery Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Benton Co. Mo.</b>	12. COUNTRY OF WHAT COUNTRY? <b>USA.</b>
---	-----------------------------------	--	--

13a. FATHER'S NAME <b>Isaac T. Harvey</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Newell</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Verr Harvey</b> ADDRESS <b>307 S. 5th, St. Clinton, Mo.</b>
--	--	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Surgical Shock</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostate Hypertrophy</b>			

19a. DATE OF OPERATION <b>Feb 6 - 56</b>	19b. MAJOR FINDINGS OF OPERATION <b>prostate hypertrophy 610x</b>	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 **1-15, 1956**, to **2-8, 1956**, that I last saw the deceased alive on **2-8, 1956**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Clinton Mo.</b>	23c. DATE SIGNED <b>2-10-56</b>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 11, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Mo.</b>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>2-10-56</b>	REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wd. Vansant</b> ADDRESS <b>Clinton, Mo.</b>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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 *W. A. Vansant* .....

Licensed Embalmer No. *377*

P. O. Address *Clinton* .....

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.