

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8508

State File No.

FILED MAR 20 1956

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| BIRTH NO. _____ | | REG. DIST. NO. <u>74</u> | | PRIMARY REG. DIST. NO. <u>4136</u> | | Registrar's No. <u>10</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>CLINTON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u> | | | | | |
| b. CITY OR TOWN <u>PLATTSBURG</u> | | c. LENGTH OF STAY (in this place) <u>5 yrs</u> | | c. CITY OR TOWN <u>PLATTSBURG</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>His Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>W. SOUTH, St.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas</u> b. (Middle) <u>West</u> c. (Last) <u>Harvin</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 8, 1956</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>JUNE 26, 1886</u> | | | |
| 9. AGE (In years last birthday) <u>69</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>BARBERING</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>CLINTON, MO.</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13a. FATHER'S NAME <u>DANIEL H. HARVIN</u> | | 13b. MOTHER'S MAIDEN NAME <u>FRANCES TROTTER</u> | | 14. NAME OF HUSBAND OR WIFE <u>LILLIE HARVIN</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> | | | 16. SOCIAL SECURITY NO. <u>495-01-8114</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lillie Harvin, Plattsburg, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atheros + arteriosclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bergers Disease with amputation left leg</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>5-7 yrs</u> <u>5 yrs</u> | |
| 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) _____ | | 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) _____ m. _____ | | 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>August</u> , 19 <u>55</u> , to <u>March 8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 8</u> , 19 <u>56</u> and that death occurred at <u>5:00 a</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John P. Mabey, M.D.</u> | | | | 23b. ADDRESS <u>Plattsburg, Mo</u> | | 23c. DATE SIGNED <u>March 8, 1956</u> | | | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>NOR. 11-27</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>TURNER CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>TURNER, MO.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Mar. 11-36</u> | | REGISTRAR'S SIGNATURE <u>Elizabeth Searce</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss CRINK</u> | | ADDRESS <u>CAMERON, MO.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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

C. M. Brink

Licensed Embalmer No. 253

P. O. Address *Cameron*

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.