

FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20171**BIRTH NO. **36061-56** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **616-A**

|  |  |  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Green</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>-a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>                       |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Springfield</b>   |  | c. LENGTH OF STAY (in this place)<br><b>6 days</b>   |  | c. CITY OR TOWN <b>Butterfield</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Burge Hospital</b>   |  |  |  | • STREET ADDRESS (If rural, give location)<br><b>Gen. Del.</b>   |  |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Gale</b> b. (Middle) <b>Wayne</b> c. (Last) <b>Harvey</b>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>7 4 56</b> |  |  |  |  |   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never married</b>   |  | 8. DATE OF BIRTH<br><b>June 28, 1956</b>   |  |   |  |
| 9. AGE (In years last birthday) <b>9</b>   |  | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>6</b> Hours <b>5</b> Min.                                   |  | IF UNDER 14 HRS.   |  |  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>(Baby)</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY                      |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Purdy, Missouri</b>  |  |   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |  | 13a. FATHER'S NAME<br><b>Pharis Harvey</b>             |  | 13b. MOTHER'S MAIDEN NAME<br><b>Eva Mullins</b>                              |  | 14. NAME OF HUSBAND OR WIFE<br><b>none</b> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |  |  | 16. SOCIAL SECURITY NO.<br><b>---</b>                  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Pharis Harvey - Butterfield, Mo.</b> |  |  | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.               |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Atelectasis</b>  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 days</b>                                   |  |
| *This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.  |  |  |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Prematurity</b>  |  |  |  |  |  |  |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>7625</b>  |  |  |  |  |  | 20. AUTOPSY?<br>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) (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 <b>6-29-56</b> , to <b>7-4-56</b> , that I last saw the deceased alive on <b>7-4-56</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above. |  |  |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>Paul Busch</b>  |  |  |  | 23b. ADDRESS<br><b>M. R. 609 Cherry Springfield, Mo</b>  |  |  |  | 23c. DATE SIGNED<br><b>7/9/56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>7-6-56</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt Pleasant Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Butterfield, Mo.</b>   |  |   |  |
| DATE REC'D BY LOCAL REG.<br><b>7-11-56</b>   |  |  | REGISTRAR'S SIGNATURE<br><b>Edith Williamson</b>       |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Davis-William Chapel-Cassville, Mo.</b>   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

in blank

**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.....  
Raymond A. Davis  
Licensed Embalmer No. 342

P. O. Address.....  
Lawrence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Falsely 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.