

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34409**

BIRTH NO.		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twp.</u>		c. LENGTH OF STAY (in this place) <u>4 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Harrisonville</u> TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Curtis Convalescent Home</u>				d. STREET ADDRESS (If rural, give location) <u>503 South Street</u>			
3. NAME OF DECEASED a. (First) <u>Marvin</u>		b. (Middle) <u>Jefferson</u>		c. (Last) <u>Harvey</u>		4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>9</u> (Year) <u>1956</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>May 26, 1907</u>		9. AGE (In years last birthday) <u>49</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>business man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Implement Dealer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Everett F. Harvey</u>			13b. MOTHER'S MAIDEN NAME <u>Bess Wise</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Etta Harvey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>498 30 5828</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Etta Harvey Harrisonville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 2/10</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)		21f. HOW DID INJURY OCCUR	
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>Oct. 16, 1956</u> to <u>Nov. 9, 1956</u> , that I last saw the deceased alive on <u>Nov. 9, 1956</u> , and that death occurred at <u>8:10 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clint L. Miller MD</u> (Degree or title)				23b. ADDRESS <u>222 Summit MO</u>		23c. DATE SIGNED <u>11-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 12, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-11-56</u>		REGISTRAR'S SIGNATURE <u>Sterling Goodard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson Dekey Harrisonville MO</u>			

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

4

019/1

4980

(Licensed Embalmer's Statement on Reverse Side)

950 02 19, 17

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 Robert Atkinson

Licensed Embalmer No. 4902

P. O. Address Waverly, Mo.

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.