

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

161223  
STATE FILE NUMBER

FILED MAY 28 1957

Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 89

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Liberal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Liberal</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At home</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>L.</b> Last <b>HARVEY</b>			4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1957</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Nov 3 1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Milk truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Milk Route</b>	9. AGE (In years last birthday) <b>48</b>
11. BIRTHPLACE (City and state or country) <b>Liberal, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Walton E. Harvey</b>		13b. MOTHER'S MAIDEN NAME <b>Edith DeLissa</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Knight</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW-II</b>		16. SOCIAL SECURITY NO. <b>530-05-7603</b>	17. INFORMANT Address <b>Walton E. Harvey, Lamar, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 MIN.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis with Myocardial Infarction</b>			<b>2 weeks</b>
DUE TO (c) <b>Coronary Atherosclerosis</b>			<b>8 MOS.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Possibility of CA. in G.I. Tract not confirmed.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201H</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Sept. 4-1956</b> to <b>May 19-1957</b> and last saw him alive on <b>May 19, 1957</b> Death occurred at <b>10:00 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <b>M. H. Kneeland, D.D.</b>		22b. ADDRESS <b>Liberal, Mo.</b>	22c. DATE SIGNED <b>5-21-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>May 22 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Barton City</b>	23d. LOCATION (City, town, or county) (State) <b>Liberal, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Konantz Funeral Home, Lamar, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>May 23 1957</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte McDowell</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 28 1951

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 *Carl F. Konantz* .....

Licensed Embalmer No. *2247*  
P. O. Address *homer, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.