

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017993
State File No.

FILED JUN 10 1957

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY OR TOWN <u>RURAL - JACKSON TWP.</u>	c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>RURAL - JACKSON TWP.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 1, PARIS</u>		e. STREET ADDRESS (If rural, give location) <u>RT. 1, PARIS 0690</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>ALICE</u>	c. (Last) <u>HARVEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7, 1957</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 25, 1882</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR <u>6</u> Days	IF UNDER 12 HRS. <u>12</u> Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BEDDING MFG.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SULLIVAN Co., IND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES DUNBAR</u>	13b. MOTHER'S MAIDEN NAME <u>EMILY LETT</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. EDWARD HARVEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>307-03-1336</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CHAS. W. PROSE, JR.</u>	ADDRESS <u>RT. 1, PARIS, MO.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Senile dementia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11/1</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2043</u>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 5, 1957, to June 7, 1957, that I last saw the deceased alive on June 7, 1957, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. M. Prose, Jr. M.D.</u> (Degree or title)	23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>6-7-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>6-8-57</u>	24c. NAME OF CEMETERY OR REPOSITORY <u>GREENWOOD CEMETERY ROCK ISLAND, ILL.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>6-7-57</u>	REGISTRAR'S SIGNATURE <u>F. A. Barnett M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed + Blaney</u>	ADDRESS <u>PARIS, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

435

Page 2

JUL 31 1957

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 E. W. [Signature]

Licensed Embalmer No. 4000

PARIS, MISSOURI

P. O. Address

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.