

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44156
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 678

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY Henry	
b. CITY OR TOWN Clinton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WETSEL Hosp Length of stay in lb		d. STREET ADDRESS (If outside, give location) EAST OHIO ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ERNEST LARKIN HARVEY			4. DATE OF DEATH Month Day Year Dec 26 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/5/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) COOPER Co mo
13a. FATHER'S NAME GEORGE HARVEY		13b. MOTHER'S MAIDEN NAME CORA WATSON	14. NAME OF HUSBAND OR WIFE Margie Harvey
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.	17. INFORMANT Address Ernest Harvey Jr Clinton mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor pulmonale Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic pericarditis DUE TO (c) lobar pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumothorax			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 8-15-56 to 12-26-57 and last saw him alive on Dec. 26, 1957 Death occurred at 8:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. E. Harbaugh D.O.		22b. ADDRESS Clinton Mo.	22c. DATE SIGNED 12-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/28/57	23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD Cem	23d. LOCATION (City, town, or county) (State) Clinton mo
24. FUNERAL DIRECTOR ADDRESS J E Gonzalez Clinton mo		25. DATE RECD. BY LOCAL REG. 12-28-57	26. REGISTRAR'S SIGNATURE Mildred Bigum

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 8 1958

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 *J E Consalvo*

Licensed Embalmer No. *1891*

P. O. Address *Clinton*

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.