Health, Welfare Public Service

.300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021225
STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. #67 Primary Registration District No. 6262 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Christian Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lead Hill Twsp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home — Length of stay in 1b: 82 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Christian
c. CITY OR TOWN: Lead Hill Twsp. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): At Home — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First John Middle L. Last Harvill
4. DATE OF DEATH: Month June Day 3 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec. 13, 1875
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Christian Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Allen Harvill
14. MOTHER'S MAIDEN NAME: Nancey Brazeale
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Robert B. Harvill, Address: Elkhead, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular accident, thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 332 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Arteriosclerosis, generalized, very severe
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 3 Jun/55 to 3 June/58 and last saw ~~her~~ him alive on 28 May/58
Death occurred at 3 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: B. Roper (Degree or title) M.D.
22b. ADDRESS: Ozark, Mo
22c. DATE SIGNED: 9 June/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 6, 58
23c. NAME OF CEMETERY OR CREMATORY: Sparta Cemetery
23d. LOCATION (City, town, or county) (State): Christian Co, Missouri
24. FUNERAL DIRECTOR: T. B. Chaffin — ADDRESS: Ozark, Mo
25. DATE RECD. BY LOCAL REG.: June 11/58
26. REGISTRAR'S SIGNATURE: Nannie Day

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 21

P. O. Address Ozark

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