

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022254
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED JUL 8 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 318

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maddox Nursing Home Length of stay in 1b 1 yr. | | d. STREET ADDRESS 2203 Pennsylvania (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) Hannah Harvey First Middle Last | | | 4. DATE OF DEATH June 18, 1958 Month Day Year | | |
|--|--|--|--|--|--|

| | | | | | | |
|---------------|------------------------|---|--------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 30, 1895 | 9. AGE (In years last birthday) 62 | 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) Teacher | 10b. KIND OF BUSINESS OR INDUSTRY Public Schools | 11. BIRTHPLACE (City and state or country) Jasper County, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S. |
|---|--|---|----------------------------------|

| | |
|----------------------------------|--|
| 13. FATHER'S NAME Amos M. Harvey | 14. MOTHER'S MAIDEN NAME Martha Kerney |
|----------------------------------|--|

| | | |
|--|-------------------------|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mr. Earl Harvey, Jasper, Mo. Address |
|--|-------------------------|---|

| | | |
|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic generalized</i> | | INTERVAL BETWEEN ONSET AND DEATH 5 yrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 4500 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Senile psychosis</i> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | |
|---|--|
| 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 Month, Day, Year a. m. p. m. | 20d. INJURY OCCURRED WHILE AT WORK <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 Apr 1957 to June 18, 1958 and last saw her alive on May 12, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |
|---|

| | | |
|---|--|--------------------------|
| 22a. SIGNATURE (Degree or title) <i>Robert M. ...</i> | 22b. ADDRESS 2125 Jackson, Joplin, Mo. | 22c. DATE SIGNED 6/20/58 |
|---|--|--------------------------|

| | | | |
|--|-------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 20, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery | 23d. LOCATION (City, town, or county) Jasper County, Mo. (State) |
|--|-------------------------|--|--|

| | | |
|---|---------------------------------------|---|
| 24. GENERAL DIRECTOR Martin Selvey, Jasper, Mo. ADDRESS | 25. DATE RECD. BY LOCAL REG. 7-3-1958 | 26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i> |
|---|---------------------------------------|---|

300 4
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 causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

County File Number 58-7-606
Date Filed JUL 7 1958
Hospital County Health Office

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 George W. Newcomb
Licensed Embalmer No. 467

P. O. Address Lockwood

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.