

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028279
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 940

S. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Holland Nursing Home INSTITUTION 1309 N. 10th St.				Length of stay in lb 66 yrs		8. STREET ADDRESS (If outside, give location) 2628 Olive Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Robert Middle Emmitt Last Harvey						4. DATE OF DEATH Month August Day 31 Year 1958.				
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 February 25, 1872		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Ret. Mokaska Coffee Mills.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Weston, West Virginia.		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME G. W. Harvey				13b. MOTHER'S MAIDEN NAME Martha Crooks			14. NAME OF HUSBAND OR WIFE Sarah Golden Harvey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 491-09-4321		17. INFORMANT Address Miss. Marion Harvey St. Joseph, 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) Uremia								INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Nephrosclerosis								2 years		
DUE TO (c) 446 X										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral hernia								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>										
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 July 1, 1958 to 8-31-58 and last saw him alive on 8-29-58 Death occurred at 3 P m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>W. J. ...</i> (Degree or title) 0				22b. ADDRESS 207 Phy. and Surg. Bldg. Saint Joseph, Mo.				22c. DATE SIGNED 9-2-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sent. 2, 1958.		23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery			23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
24. FUNERAL DIRECTOR <i>Meierhoffer, Fleeman, Inc.</i> ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Sept 3, 1958		26. REGISTRAR'S SIGNATURE <i>Wm. Clark Hoodell</i>				

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 

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.