

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045762
STATE FILE NUMBER
11886

FILED JAN 6 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar No.

5. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Bellefontaine Neighbors	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) 809 Chain of Rocks Dr.	
3. NAME OF DECEASED (Type or print) First Fred Middle Harvel Last Harvel		4. DATE OF DEATH Month December Day 8 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 October 20, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Manager		10b. KIND OF BUSINESS OR INDUSTRY Wilson Truck Co.	11. BIRTHPLACE (City and state or country) Millcreek, Ill.
13a. FATHER'S NAME Charles Harvel		13b. MOTHER'S MAIDEN NAME Janie Young	14. NAME OF HUSBAND OR WIFE Beulah Harvel
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. 486-01-6734	17. INFORMANT Address Beulah Harvel, 809 Chain of Rocks Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subpyrenic Abscess, left Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gastric Resection DUE TO (c) Adenocarcinoma of stomach			INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days 12 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151+			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 11-10-58 to 12-8-58 and last saw her/him alive on 12-8-58 Death occurred at 6:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Calvin McAfee M.D.		22b. ADDRESS 100 N Euclid Ave	
22c. DATE SIGNED 12/10/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-12-58	
23c. NAME OF CEMETERY OR CREMATORY Powhattan Cemetery		23d. LOCATION (City, town, or county) (State) Powhattan, Kansas	
24. FUNERAL DIRECTOR ADDRESS Diedrich Funeral Home, 8319 Halls Ferry		25. DATE RECD. BY LOCAL REG. DEC 10 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 John J. Haines

Licensed Embalmer No. 4108
P. O. Address St. Louis, 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.