

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004485

State File No.

FILED MAR 2 1959

BIRTH MO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Columbia</u> <i>0100</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle) <u>Milton</u>	c. (Last) <u>Harvey III</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>20</u> <u>59</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar. 16, 1941</u>
9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>
10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <u>Miami, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles M. Harvey</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Glover</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY <u>440-38-2826</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. N. R. Garrett Jr.</u>	Mo. ADDRESS <u>Columbia</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Breaking injuries of chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with cardiac tamponade and hemopneumothorax on right 2 hrs.</u>		
	DUE TO (c) <u>Motor vehicle accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>2/20/59</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hemopneumothorax, right. Cardiac tamponade</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Boone Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 20, 1959 4:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>deceased sustained severe injuries as result of motor vehicle accident</u>
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22. I hereby certify that I attended the deceased from COLONER'S CASE, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Vincent P Peris M.D.</u>	23b. ADDRESS <u>Univ of Missouri Medical Cent</u>	23c. DATE SIGNED <u>Feb 21, 1959</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/21/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miami Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miami, Oklahoma</u>
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DATE REC'D BY LOCAL REG <u>Feb 21 1959</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyman Sprinkle</u>	ADDRESS <u>Columbia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 1959

JAN 24 1962

MAR 6 19

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 J. ...*

Licensed Embalmer No. *442*

P. O. Address *Columbus*

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.