IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 1959

59-031409

STATE FILE NUMBER

Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberal
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Liberal
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: JESSE Middle: EVERETT Last: HARVEY

4. DATE OF DEATH Month: Sept Day: 20 Year: 1959

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/19/1890
9. AGE (last birthday): 69 ~~68~~
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Steam Shovel Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Liberal, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Millard F. Harvey
13b. MOTHER'S MAIDEN NAME: Cornelia Collins
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-03-9484
17. INFORMANT: Walton E. Harvey, Address: Lamar, Missou

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) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 5-25- to 55 and last saw her/him alive on 9-13-1959
Death occurred at Found dead in home 12:30PM 9-21st on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Guldner (Degree or title) Edmond Guldner, M.D.
22b. ADDRESS 809 Gulf St., Lamar, Mo.
22c. DATE SIGNED 9-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Sept 23 1959
23c. NAME OF CEMETERY OR CREMATORY: Barton City Cemetery
23d. LOCATION (City, town, or county) (State): Barton County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Konantz Funeral Home, Lamar, Missouri
25. DATE RECD. BY LOCAL REG.: Sept. 22, 1959
26. REGISTRAR'S SIGNATURE: Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB 19 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Carl F. Konantz

Signature of Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar, Misso

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