

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037022

FILED VS. OCT 26 1959 231

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 236

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, COUNTY Nodaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pickering		Length of stay in 1b 16 years		c. CITY OR TOWN Pickering		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS none (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle EDMOND Last HARVEY			4. DATE OF DEATH Month 10 Day 21 Year 59				
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 5/11/82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) The most of working life even if retired		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and state or country) Nodaway Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J. H. Harvey			13b. MOTHER'S MAIDEN NAME Ellen Banta		14. NAME OF HUSBAND OR WIFE Edna Florence 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. 488-34-1946		17. INFORMANT Address J. Harold Harvey, Elmo, 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) <i>Lobar Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH	
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 a.m. p.m. Month, Day, Year							
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 <i>Oct 14 59</i> 11:00 A.M. to <i>10/21/59</i> and last saw him ^{XX} alive on <i>Oct 20 59</i> 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>B. J. Forten</i> D. O.				22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED <i>10 22 59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/23/59	23c. NAME OF CEMETERY OR CREMATORY White Oak		23d. LOCATION (City, town, or county) Pickering, Missouri		(State)
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.			ADDRESS <i>10-22-59</i>		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>Bess Holt</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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.