URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010137

STATE FILE NUMBER

FILED VS APR 5 1960

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Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 95

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY CALLAWAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY RANDOLPH
c. CITY OR TOWN MOBERLY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 419 MONROE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HARVEY Middle LEE Last HARWICK
4. DATE OF DEATH Month MAR Day 30 Year 60
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/26/80
9. AGE (last birthday) 79 — 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) CUSTODIAN
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) MONROE COUNTY
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME JASPER HARWICK
13b. MOTHER'S MAIDEN NAME EMILY BARTON
14. NAME OF HUSBAND OR WIFE ETHEL HARWICK
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. YES
17. INFORMANT WIFE Address 419 Monroe, Moberly 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) CORONARY THROMBOSIS.
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)
BRONCHO PNEUMONIA
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 3/28/60, to 3/30/60 and last saw ~~her~~ him alive on MAR. 30, 60
Death occurred at 2:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. C. Robertson (Degree or title) M.D.
22b. ADDRESS Fulton, MO
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-1-60
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
23d. LOCATION (City, town, or county) Moberly (State) Mo

24. FUNERAL DIRECTOR Cater Funeral Home ADDRESS Moberly, Mo
25. DATE RECD. BY LOCAL REG. March 30-1960
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

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 Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address Moberly, M

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