

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031545

FILED VS AUG 3 0 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 292 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 2yrs.	c. CITY OR TOWN Georgetown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sedalia Rest Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HARVEY Middle D. Last DOW			4. DATE OF DEATH Month Aug Day 22 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 22, 1875	9. AGE (last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY Law	11. BIRTHPLACE (City and state or Country) Georgetown, Pettis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alexander Dow		13b. MOTHER'S MAIDEN NAME Louise Dill.		14. NAME OF HUSBAND OR WIFE Never Married		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I Spanish American		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. J. A. DeJarnette, Rt. 4, Sedalia, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary Edema			1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Severe Congestive Heart Failure	2 months
	DUE TO (c)	Arteriosclerotic Heart disease	2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis with senility			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

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 Nov. 1957 to Aug. 1960 and last saw him alive on Aug. 10, 1960
Death occurred at 3 A.M. Aug. 22, 1960 the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert J. Campbell MD		22b. ADDRESS 312 1/2 So. Ohio Sedalia, Mo.		22c. DATE SIGNED Aug. 23, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 24, 1960	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) (Site) Sedalia, Missouri
24. FUNERAL DIRECTOR D.W. Heckart, Gillespie F. H. Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 8/24/1960	26. REGISTRAR'S SIGNATURE Frances Shelby	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 31 1960

JAN 17 1962

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 Richard D. Conna

Licensed Embalmer No. 4703

P. O. Address Sedalia, 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.