

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 0 1961

251

Primary Registration District No.

3048

Registrar's No.

24 - 61-002378

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 Maryville | | Length of stay in 1b 2 days | | c. CITY OR TOWN Maryville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 722 North Fillmore Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First LOIS Middle GLENN Last HARVEY | | | 4. DATE OF DEATH Month 1 Day 25 Year 61 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 11/2/86 | 9. AGE (last birthday) 74 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | 11. BIRTHPLACE (City and state or country) Whitesboro, Texas | | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME John Calvin Glenn | | 13b. MOTHER'S MAIDEN NAME Abbie Alice Horne | | |
| 14. NAME OF HUSBAND OR WIFE A. F. Harvey, dec. | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go on or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | | |
| 17. INFORMANT Dr. John F. Harvey, Philadelphia, Pa | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO (b) Coronary atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary edema | | INTERVAL BETWEEN ONSET AND DEATH 15 min | | |
| 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. | | 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 1959 to 1/25/61 and last saw ^{him} alive on 1-25-61 Death occurred at 9:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) A. E. Dunshel | | 22b. ADDRESS Maryville, Missouri | | |
| 22c. DATE SIGNED Jan 27, 1961 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 1/28/61 | | |
| 23c. NAME OF CEMETERY OR CREMATORY Miriam | | 23d. LOCATION (City, town, or county) Maryville, Missouri | | 24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. | | |
| 25. DATE RECD. BY LOCAL REG. 1-27-61 | | 26. REGISTRAR'S SIGNATURE Beas Bolt | | | | |

FEB 2 1961

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 Harrie S. Price, Student Embalmer No. 621

working under my personal supervision.

Student

Harrie S. Price
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.