

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005154

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 33

AMENDED FILED VS FEB 27 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

|  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grundy</u>   |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>Grundy</u> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>   |   | Length of stay in lb <u>51 years.</u>  |  | c. CITY OR TOWN <u>Trenton</u>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1414 Lulu street</u>  |   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |  | d. STREET ADDRESS (If outside, give location) <u>1414 Lulu St.</u> |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle Last <u>Harvey</u>   |   |  |  | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>14</u> Year <u>1961</u>  |  |  |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <u>11/28/1876</u>   | 9. AGE (last birthday) <u>84</u>                                   | 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) <u>Trucker</u>   |   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cartage</u>   |  | 11. BIRTHPLACE (City and state or country) <u>Mercy Co. Mo.</u>    |  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |
| 13a. FATHER'S NAME <u>Joseph Harvey</u>  |   |  | 13b. MOTHER'S MAIDEN NAME <u>Amanda Sandlin</u>  |  |  | 14. NAME OF HUSBAND OR WIFE <u>Pearl Harvey</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |   |  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT Address <u>Pearl Harvey Trenton, Missouri</u>        |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardio Vascular And before 1 year</u><br>DUE TO (b)<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  |  |  |  |  | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>Jan 1st 1961</u> to <u>Feb 14th 1961</u> and last saw him alive on <u>Feb 12th 1961</u> . Death occurred at <u>1:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |  |  |  |  |
| 22a. SIGNATURE <u>Oliver P. Duffly MD</u> (Degree or title)  |   |  |  | 22b. ADDRESS <u>Trenton Mo</u>   |  | 22c. DATE SIGNED <u>Feb 15th 1961</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  | 23b. DATE <u>Feb. 16, 1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Trenton IOOF cemetery</u>  |  | 23d. LOCATION (City, town, or county) <u>Trenton, Mo.</u>  |  | 23e. (State) <u>1961</u>   |  |
| 24. FUNERAL DIRECTOR <u>J. Gordon Blackmore</u> ADDRESS <u>Trenton, Mo.</u>  |   |  |  | 25. DATE RECD. BY LOCAL REG. <u>Feb 16-1961</u>  |  | 26. REGISTRAR'S SIGNATURE <u>Jane Fair</u>   |  |

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Claude H. Candaed

Licensed Embalmer No. 4986

P. O. Address Leicester, 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.