

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **1102**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **307**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Windsor</u> c. LENGTH OF STAY (In this place) <u>3 weeks</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Windsor Twp</u> d. STREET ADDRESS (If rural, give location) <u>R# 4 Windsor 0430</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R# 4 Windsor 0430</u>	

<b>3. NAME OF DECEASED</b> a. (First) <u>CHARLOTTE</u> b. (Middle) <u>AGNES</u> c. (Last) <u>HARVEY</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb 7 1954</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>Feb 8, 1929</u>	<b>9. AGE</b> (In years last birthday) <u>24</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>30</u> IF UNDER 14 DYS. Hours <u>1</u> Mins. <u>1</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Private Secretary</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Osceola, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Wm H. Harvey</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Agnes Jones</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Wm H. Harvey, Windsor Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Palsy</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>1561</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Jan 1, 1954, to 2-7-1954, that I last saw the deceased alive on 2-7, 1954, and that death occurred at 10:45p m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Arnold M. B.</u>	<b>23b. ADDRESS</b> <u>Windsor</u>	<b>23c. DATE SIGNED</b> <u>2-10-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-10-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Englewood</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Clinton Missouri</u>
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<b>DATE REC'D BY LOCAL REG</b> <u>Feb-10-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Florence Adair</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Huston Turner Windsor Mo</u>
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**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 .....  
Student Embalmer

Signed William M. Zurn

Licensed Embalmer No. 4648

P. O. Address Winchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.