

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001416

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 41

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 14 1966

VS 300
Rev. 4/59

1 0421
2 0421
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4 0
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13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b 15 yrs	c. CITY OR TOWN Windsor, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 406 East Florence Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Paul Harvey			4. DATE OF DEATH Month Day Year February 7, 1966
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/9/32
9. AGE (last birthday) 33		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian		10b. KIND OF BUSINESS OR INDUSTRY Veterinary	11. BIRTHPLACE (City and state or country) Osceola, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wm. H. Harvey	
13b. MOTHER'S MAIDEN NAME Agnes Jones		14. NAME OF HUSBAND OR WIFE Marguerite Weingartner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) Yes Korean		16. SOCIAL SECURITY NO. Koren	
17. INFORMANT Marguerite Harvey, Windsor, Missouri			Address
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) Circulatory Collapse			instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction			36 hours
DUE TO (c) Coronary thrombosis			36 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myelogenous leukemia			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <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 11-27-61 to 2-7-66 and last saw her/him alive on 2-7-66 Death occurred at 3:35 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>William Smith MD</i>		22b. ADDRESS 103 W. Colt Windsor, Mo.	22c. DATE SIGNED 2/9/66
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/10/66	23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	23d. LOCATION (City, town, or county) (State) Clinton, Mo.
24. FUNERAL DIRECTOR Huston Funeral Home, Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 2-12-66	26. REGISTRAR'S SIGNATURE <i>Mildred Begum</i>

MAR 2 1966

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge, 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.