

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8397

State File No. ....

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 339

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WINDSOR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u> 00801	
c. LENGTH OF STAY (In this place) <u>3 MONTHS</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>(None)</u> c. (Last) <u>HARVEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 16, 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Mar 17, 1869</u>		9. AGE (In years last birthday) <u>84</u> Months <u>11</u> Day <u>29</u> If under 14 hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Benton Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOE HARVEY</u>		13b. MOTHER'S MAIDEN NAME <u>Roda Hays</u>		14. NAME OF HUSBAND OR WIFE	
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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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jack Harvey Warsaw, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Commons of lungs &amp; lung</u>  INTERVAL BETWEEN ONSET AND DEATH			
		A. DIRECT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 14, 1954 to Mar 16, 1954, that I last saw the deceased alive on Mar 16, 1954, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Amurall O. M.D.</u>		23b. ADDRESS <u>Warsaw</u>		23c. DATE SIGNED <u>3/18-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hogles Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar-19-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u> 432		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John J. Gieser Warsaw, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48  
420  
4

**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 \_\_\_\_\_

*John J. Reser*  
4098

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Warsaw*

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