

17586

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUN 1 1954

REG. DIST. NO. 324

PRIMARY REG. DIST. NO. 3073

Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY OR TOWN <i>Marshall</i>	c. LENGTH OF STAY (In this place) <i>24 hrs</i>	c. CITY OR TOWN <i>Marshall</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>455 South Redman</i>		* STREET ADDRESS (If rural, give location) <i>455 South Redman</i>	
3. NAME OF DECEASED a. (First) <i>Albert</i> b. (Middle) <i>James</i> c. (Last) <i>Harver Jr.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 26 - 1954</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 25, 1914</i>
9. AGE (In years last birthday) <i>40</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>20</i>	IF UNDER 24 HRS. Hours <i>20</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Engineer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Marshall Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Albert James Harver</i>	
13b. MOTHER'S MAIDEN NAME <i>Bertrude Watson</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Bertrude Watson, 455 S. Redman</i>
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) <i>Pneumonia, Congestion of Lungs</i> INTERVAL BETWEEN ONSET AND DEATH <i>20 hrs.</i> ANTECEDENT CAUSES DUE TO (b) <i>Born in Yoder stock</i> DUE TO (c) <i>Water in lungs causing</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Pulmonary congestion</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>7735</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <i>investigation May 26, 1954</i> , 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at <i>2:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M.D. Croner Saline Co.</i>		23b. ADDRESS <i>Marshall Mo.</i>	23c. DATE SIGNED <i>5-26-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>5-27-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fairview</i>	24d. LOCATION (City, town, or county) (State) <i>Marshall Mo.</i>
DATE REC'D BY LOCAL REG. <i>5.26.1954</i>	REGISTRAR'S SIGNATURE <i>Dwight T Gray</i> 385	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>Leo H. Green Marshall Mo.</i>	

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

5-26-54
8-091

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 *George H. Green*

Licensed Embalmer No. *42*

P. O. Address *Marshall*

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.