

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

2090

State File No. _____

No. 300
10-48

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. 13

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1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery Mo		c. CITY OR TOWN Montgomery Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 53 yr		e. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Prairie Mill Co warehouse			

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3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Lee c. (Last) Harvey			4. DATE OF DEATH (Month) (Day) (Year) Jan 4th 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-25-1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mill Company	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Jackson Harvey	13b. MOTHER'S MAIDEN NAME Jane Copher	14. NAME OF HUSBAND OR WIFE Lizzie Harvey
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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) no	16. SOCIAL SECURITY NO. 497-01-9532	17. INFORMANT'S SIGNATURE OR NAME Mrs Lizzie Harvey	ADDRESS Montgomery City
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Sudden 3-12-47 Sudden 1:30:37
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		
	DUE TO (c) Coronary Occlusion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchial Asthma			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION Allergy 4201	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.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sudden Death - Merged deal
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? no

22. I hereby certify that I attended the deceased from 1-30, 1956, to Jan 4, 1956, that I last saw the deceased alive on 1-4, 1956, and that death occurred at 10:45 m., from the causes and on the date stated above.

23a. SIGNATURE E. J. T. Anderson M.D.	(Degree or title)	23b. ADDRESS Montgomery City, Mo.	23c. DATE SIGNED 1/5/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE I-6-56	24c. NAME OF CEMETERY Montgomery City	24d. LOCATION (City, town, or county) (State) Montgomery City Mo
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DATE REC'D BY LOCAL REG Jan 6-1956	REGISTRAR'S SIGNATURE Laura B. Callaway	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Harris	ADDRESS MONTGOMERY CITY MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~Stacy~~^{XX} on the 4th day of Jan 1956....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *C. W. Hopkins*
C. W. Hopkins
Licensed Embalmer No. I487

P. O. Address Montgomery..

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.