

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15489

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>Pierce City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST VINCENTS Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>RK 2 Pierce City</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>HARVILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 14 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-10-1882</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pierce City, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Harvill</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL HARVILL</u>	
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>488-16-4706</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Harvill</u> ADDRESS <u>Pierce City, Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Stroke</u> <u>Acute Dissecting Aortic Aneurysm</u> <u>Acute Dissecting Aortic Aneurysm</u> DUE TO (b) <u>Acute Dissecting Aortic Aneurysm</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5721</u>	
19a. DATE OF OPERATION <u>5-9-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>acute dissection of aorta</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>5-10-56</u> , to <u>5-14-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-14-56</u> , 19 <u>56</u> , and that death occurred at <u>5:45 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>F. J. Daniels</u> (Degree or title)		23b. ADDRESS <u>M.P. Monett, Mo</u>	
23c. DATE SIGNED <u>5-19-56</u>		24. LOCATION (City, town, or county) (State) <u>Pierce City MO</u>	
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-14-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City MO</u>	
DATE REC'D BY LOCAL REG. <u>5-19-56</u>		REGISTRAR'S SIGNATURE <u>Mr. J. M. Cook</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. ...</u>		ADDRESS <u>Pierce City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 556-89

DATE REC. 5-21-56

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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 me....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed R. Gordon Bennett.....

Licensed Embalmer No. 421.....

P. O. Address month.....

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.