

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048424

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 604

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10499
20600

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 2 days		c. CITY OR TOWN Stella	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt #1	
3. NAME OF DECEASED (Type or print) First Pleasant Middle Joe Last Harvey			4. DATE OF DEATH Month Dec. Day 9, Year 1963		
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 2/16/1875	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) McDonald County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jake Harvey		13b. MOTHER'S MAIDEN NAME Armanda Ivie	
14. NAME OF HUSBAND OR WIFE Bessie Harvey		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.		17. INFORMANT Address Mrs. Bessie Harvey Stella, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brumal Uremia with Respirator DUE TO (b) Cardiovascular System Disease DUE TO (c) Illness					INTERVAL BETWEEN ONSET AND DEATH 5 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked Benign Prostatic Hypertrophy					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.		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 Dec 7-1963 to Dec 9-1963 and last saw ^{her} _{him} alive on Dec 9-1963 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 2125 Jackson Joplin, Mo.		22c. DATE SIGNED 12/12/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-12-63		23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	
23d. LOCATION (City, town, or county) Stella, Missouri		23e. (State) 63			
24. FUNERAL DIRECTOR Shewmake Funeral Home-Granby, Mo.		25. DATE RECD. BY LOCAL REG. 12-18-1963		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

JAN 14 1964

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 Lloyd E. Schumaker I.

Licensed Embalmer No. 4923
P. O. Address Box 218 Granby, Maine 64844

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.

Funeral permit received prior to burial, pending State signature. DM