

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45130

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No.

224

Primary Registration District No.

304

Registrar's No.

5

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>California</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>TRUMAN</i> Middle <i>ALEXANDER</i> Last <i>HARVEY</i>				4. DATE OF DEATH Month <i>Dec</i> Day <i>14</i> Year <i>1957</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>June 24-1891</i>	
9. AGE (In years last birthday) <i>66</i>		10. IF UNDER 1 YEAR Months <i>5</i> Days <i>20</i> Hours <i></i> Min. <i></i>		11. IF UNDER 24 HRS. Hours <i></i> Min. <i></i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Banking</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>no.</i>			
11. BIRTHPLACE (City and state or country) <i>Jamestown Mo.</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>Alexander Harvey</i>				14. MOTHER'S MAIDEN NAME <i>Ella English</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i> (If yes, give war or dates of service) <i>1st world war</i>				16. SOCIAL SECURITY NO. <i>410X</i>			
17. INFORMANT <i>Margaret Harvey</i>				Address <i>California Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myocarditis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>mitral stenosis</i> DUE TO (c) <i></i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>410X</i>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20. INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i> <i>10 years</i>			
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, Month, Day, Year 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 <i>Aug 1, 1947</i> to <i>Dec 14, 1957</i> and last saw him/her alive on <i>Dec 14, 1957</i> Death occurred at <i>6:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Kernon Latham M.D.</i>				22b. ADDRESS <i>California, Mo.</i>			
22c. DATE SIGNED <i>12-15-57</i>							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>12-16-1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>California Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Hugh E. Williams California Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>12-16-57</i>			
26. REGISTRAR'S SIGNATURE <i>John G. Popejoy</i>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 1963

JAN 27 1958

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 *Hugh E. Williams*

Licensed Embalmer No. *353*

P. O. Address *California*

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.