No. 300
10-48

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

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23058

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2916

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 211.8
d. STREET ADDRESS (If rural, give location): 3330 Karnes Blvd. 19

3. NAME OF DECEASED (Type or Print)
a. (First): GLEN
b. (Middle): C.
c. (Last): HARNDEN

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1951

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Feb 16-1887
9. AGE (In years last birthday): 64 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President, Harnden Seed Company
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Walter W. Harnden
13b. MOTHER'S MAIDEN NAME: Ruth Coe
14. NAME OF HUSBAND OR WIFE: Ethel Harnden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-07-2098
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. Glen T. Harnden, 5541 Lydia Ave., KC, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension, Diastolic, Chronic
DUE TO (c) Arteriosclerosis, cerebral

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: autopsy; cerebral thrombosis left recent; encephalomalacia
20. AUTOPSY? YES ☒ NO ☐

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): KC Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-13, 1947 *to* 7-8, 1951, *that I last saw the deceased alive on* 7-8, 1951, *and that death occurred at* 3:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Stanley Morest M.D.
23b. ADDRESS: 1512 Prof. Bldg.
23c. DATE SIGNED: 7-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/10/51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 7-10-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STINE & McCLURE, Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. S. Marcot
Prof. Bldg. - Tel 0142 1:00-4:00 P

15 12

12 Diastasis

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 .....
Student Embalmer

Signed Eugene F. Kennan

Licensed Embalmer No. 4633

P. O. Address Kansas City M

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 this body is not embalmed, fact should be so stated above.