

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1346

State File No.

No. 300
10.48

BIRTH NO. **FILED JAN. 27 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 35 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) C. c. (Last) Harmon		4. DATE OF DEATH (Month) (Day) (Year) 1 6 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 19, 1912
9. AGE (in years last birthday) 41		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jewelry Polisher		10b. KIND OF BUSINESS OR INDUSTRY Green Jewelry Co.	11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William W. Harmon	
13b. MOTHER'S MAIDEN NAME Carrie M. Burke		14. NAME OF HUSBAND OR WIFE Never Married	
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. 512-12-2529	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie M. Harmon, 310 W. 14, K.C., Mo.		ADDRESS	
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.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease, inactive ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mitral insufficiency DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
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 Jan. 6, 1954 , to Jan. 6, 1954 , that I last saw the deceased alive on Jan. 6, 1954 and that death occurred at 12:25 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE B. I. Burns, M.D.		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 1-6-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Jan. 9, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery	
24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary & Chapel, K.C., Mo.	
DATE REC'D BY LOCAL REG. 1-7-54		REGISTRAR'S SIGNATURE Geraldine Smith	

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, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clayton R. Barnes*.....

Licensed Embalmer No. *479*

P. O. Address *K.C., Mo.*

**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.**