

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28610

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 207			
1. PLACE OF DEATH Moberly, Mo. a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte					
b. CITY (If outside corporate limits, write RURAL and give township) Moberly, Mo.		c. LENGTH OF STAY (In this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Kansas		d. STREET ADDRESS (If rural, give location) 2130 So. 47th Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes Hospital				3. NAME OF DECEASED a. (First) Robert b. (Middle) John c. (Last) Harkness		4. DATE OF DEATH (Month) (Day) (Year) August 29, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 14, 1876			
9. AGE (In years, last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad		9. AGE (In years, last birthday) Months Days - 15			
11. BIRTHPLACE (City and State or Foreign Country) Ballymena, Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Harkness		13b. MOTHER'S MAIDEN NAME Elspie Young			
14. NAME OF HUSBAND OR WIFE Mary Victoria Harkness		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. 703-01-1010		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ray R. Harkness 1420 S. 29th St. K.C. Kansas			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Occlusion (Posterior) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterial Sclerosis DUE TO (c) Diabetic Mellitus				INTERVAL BETWEEN ONSET AND DEATH 13 days years? "	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 260X							
21a. ACCIDENT SUICIDE HOMICIDE none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 8/20, 1954, to 8/29, 1954, that I last saw the deceased alive on 8/29, 1954, and that death occurred at 1:50p.m., from the causes and on the date stated above.									
23a. SIGNATURE Dwight W. Anderson (Degree or title) M.D.				23b. ADDRESS Wabash Employes Hospital 415 Woodland, Moberly, Mo. 8/29/54					
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-30-54		24c. NAME OF CEMETERY OR CREMATORY V		24d. LOCATION (City, town, or county) (State) Kansas City, Kas			
DATE REC'D BY LOCAL REG. 8/29/54		REGISTRAR'S SIGNATURE C. J. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son		ADDRESS Moberly,			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1954

SEP 22 1954

SEP 22 1954

OCT 15 1954

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 Frank D Dr Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, 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 this body is not embalmed, fact should be so stated above.