

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1532

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> c. LENGTH OF STAY (in this place) <u>10 Mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> d. STREET ADDRESS (If rural, give location) <u>321 Clark</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>W</u> b. (Middle) <u>Oneal</u> c. (Last) <u>Harmon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 3 1917</u>		
9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Investments</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>W. A. Harmon</u>			13b. MOTHER'S MAIDEN NAME <u>Bonnie Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Harmon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-12-1316</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Harmon</u> ADDRESS <u>Warrensburg Mo.</u>				
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* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Malignant hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> <u>Kimmelstiel-Wilson disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> <u>15 minutes</u> <u>2 years</u> <u>20 years</u> <u>5 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 <u>8-18-</u> 19 <u>53</u> , to <u>2-3-</u> 19 <u>55</u> , that I last saw the deceased alive on <u>2-3-</u> 19 <u>55</u> , and that death occurred at <u>7:00 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Keith D. Jones, M.D.</u>				23b. ADDRESS <u>Warrensburg, Mo.</u>		23c. DATE SIGNED <u>2-4-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-5-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 4, 1955</u>		REGISTRAR'S SIGNATURE <u>Savannah Hutchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips Warrensburg Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
FEB 7 1955  
JOHNSON COUNTY HEALTH DEPT.

**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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.