

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 12 1956

State File No. **11674**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **871**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN University City		c. CITY OR TOWN University City	
c. LENGTH OF STAY (In this place) 6 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res--6843 Kingsbury Blv'd.		e. STREET ADDRESS (If rural, give location) 6843 Kingsbury Blv'd.	

3. NAME OF DECEASED (Type or Print) MARJORIE HOLDEN HARKNESS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 29, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 13, 1897	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles E. Holden	13b. MOTHER'S MAIDEN NAME Mattie Johnson	14. NAME OF HUSBAND OR WIFE Reed B. Harkness
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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. none	17. INFORMANT'S SIGNATURE OR NAME Reed B. Harkness	ADDRESS 6843 Kingsbury Blv'd.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary		3-29-56
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old myocardial infarction DUE TO (c) Arteriosclerosis		Before 12-7-55 " 11-18-56
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probably Bowel Carcinoma?			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-18-55**, 19____, to **3-29-56** 19____, that I last saw the deceased alive on **3-29-56**, 19____, and that death occurred at **12:15P.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Clark	(Degree or title) M.D.	23b. ADDRESS 864 Hamilton Blvd St. Louis 12, Mo	23c. DATE SIGNED 3-30-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3-31-1956	24c. NAME OF CEMETERY OR CREMATORY Warrenton Mo. Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton Missouri
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DATE REC'D BY LOCAL REG 3-30-56	REGISTRAR'S SIGNATURE Hubert P. Romberg, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton and Sons	ADDRESS 7233 Delmar Blv'd.
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Call

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....

Licensed Embalmer No. *38*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.