

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1957

State File No. **29520**
6659
Registrar's No.

| | | | | | | | | | |
|--|--|--|--|--|---|---|-----------------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 6659 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY St. Louis | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN Ferguson | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes | | | | e. STREET ADDRESS (If rural, give location) 157 Adelle | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Harmon c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) June 6 1957 | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ | | 8. DATE OF BIRTH June 6-1957 | | | |
| 9. AGE (In years last birthday) _____ | | 10. MONTHS _____ | | 11. DAYS _____ | | 12. HOURS & MINS. 2:28 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13a. FATHER'S NAME Wayne David Harmon | | 13b. MOTHER'S MAIDEN NAME Marjorie Merle Simmons | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Wayne D. Harmon ADDRESS (AS ABOVE) | | | | |
| 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) Respiratory arrest and Shock - unknown etiol. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH From Birth | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" 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) 7730 | | | | | |
| 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 6-6, 1957 , to 6-6, 1957 , that I last saw the deceased alive on June 6, 1957 , and that death occurred at 5:10 pm. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE John B. Sutphin (Degree or title) M.D. | | | | 23b. ADDRESS 111 Church St., Ferguson 21, Mo. | | 23c. DATE SIGNED 7-1-57 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE 7-31-57 | | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | |
| DATE REC'D BY LOCAL REG. JUL 17 57 | | REGISTERAR'S SIGNATURE Earl Smith MD Rowland-Alex | | | 25. FUNERAL DIRECTOR'S SIGNATURE 4104 Manchester ADDRESS _____ | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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

Licensed Embalmer No.

P. O. Address

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.