

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44866

State File No.

FILED DEC 31 1957

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Township		c. CITY OR TOWN Rock Township	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) ?		e. STREET ADDRESS (If rural, give location) near Fenton, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Fenton, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Richard Dee b. (Middle) Harness c. (Last) Harness			4. DATE OF DEATH (Month) (Day) (Year) Dec 15, 1957
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 11, 1926	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 31	IF UNDER 24 HRS. Hours 31 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Aircraft		11. BIRTHPLACE (City and State or Foreign Country) Blanchard, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Harness	13b. MOTHER'S MAIDEN NAME Nettie Walkinshaw	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. II	16. SOCIAL SECURITY NO. 481-30-5630	17. INFORMANT'S SIGNATURE OR NAME John H. Harness ADDRESS New Market Iowa
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TRAUMA - due to airplane crash.		INTERVAL BETWEEN ONSET AND DEATH
	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. 866x		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? ? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rock, Jeff. Mo. Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 15 57 11:00 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from request, 1957, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James O. Johnson, Coron.	23b. ADDRESS Manassas Bluff, Astoria Mo.	23c. DATE SIGNED 12/15/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec 16, 57	24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	24d. LOCATION (City, town, or county) (State) Blanchard, Iowa
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DATE REC'D BY LOCAL REG. 12-16-57	REGISTRAR'S SIGNATURE Robert G. Bauer	25. FUNERAL DIRECTOR'S SIGNATURE Scott Tucker ADDRESS Westboro, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

544

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
JAN 9 1958
DEC 26 1957

AUG 14 1958
VS MAR 9 1958
JAN 9 1958

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 *Arthur W. Heilig*

Licensed Embalmer No. 3872

P. O. Address *Imperial 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.