

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018235

STATE FILE NUMBER

2318

FILED MAY 23 1958

Registration District No. 149

Primary Registration District No. 1221

Registrar's No.

S. 300

1-57

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|--|----------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jackson) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linwood N. H. | | | Length of stay in 1b 2lyrs | d. STREET ADDRESS 3207 McGee | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First EMERY Middle ELFORD Last HARNED | | | | 4. DATE OF DEATH Month 5 Day 5 Year 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan 1 1869 | | 9. AGE (In years last birthday) 89 | 10. FUNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Building | | 11. BIRTHPLACE (City and state or country) Edersport, Indiana | | 12. CITIZEN OF WHAT COUNTRY? U. S. A | |
| 13a. FATHER'S NAME Frank Harned | | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Martha - Deceased | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) No | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Address Mrs. Marie Brillo 3207 McGee, K.C. Mo | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro-Intestinal Bleeding DUE TO (b) of undetermined Etiology Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Arteriosclerosis | | | | | | INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 57 hrs. | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | | |
| 21. I attended the deceased from 2-19-58 to 5-5-58 and last saw ^{her} him alive on 5-3-58 Death occurred at 2:05 2:05 ^{hr} on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Leo F. Cooper M.D. (Degree or title) | | | | 22b. ADDRESS 1220 E. 31st K.C. Mo. | | 22c. DATE SIGNED 5-7-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 5-8-1958 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills | | 23d. LOCATION (City, town, or county) Kansas City (State) Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEM CHAPELS, INC. K.C. MO | | | 25. DATE RECD. BY LOCAL REG. 5-7-58 | 26. REGISTRAR'S SIGNATURE Rever Marshall | | | |

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Leo F. Cooper

3:05 AM.
Dr. A. A. Carpenter
1220 E. 31st
WA 1-6951

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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 *A. A. Carpenter*

Licensed Embalmer No. *5938*

P. O. Address *KC 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.