

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026198

STATE FILE NUMBER

FILED AUG 8 1958

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 190

S. 300
v. 1-57

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

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Livingston					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Chillicothe 0592		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 101 N. Herriford			Length of stay in 1b 3 yrs		d. STREET ADDRESS (If outside, give location) 101 N. Herriford St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ANTON Middle MAURICE Last HARKINS				4. DATE OF DEATH Month August Day 3 Year 1958					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 24, 1901		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custom Poultry Dressing				10b. KIND OF BUSINESS OR INDUSTRY Poultry		11. BIRTHPLACE (City and state or country) Gary South Dakota		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Everett Harkins			13b. MOTHER'S MAIDEN NAME Ida Hendrickson			14. NAME OF HUSBAND OR WIFE Alice Burner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 486-12-8891		17. INFORMANT Mrs. A. M. Harkins Address 101 N. Herriford Chillicothe, 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) <i>Wound Penetrating Lung & Heart</i>								INTERVAL BETWEEN ONSET AND DEATH <i>Few Minutes</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		9193			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <i>Gun Shot wound in R. Chest</i>						
20c. TIME OF INJURY Hour Month, Day, Year p.m. <i>1:15 Aug 5-58</i>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Yes Building</i>		20f. CITY, TOWN, OR LOCATION <i>Chillicothe, Livingston, Mo</i>		COUNTY <i>Livingston</i>		STATE <i>Mo</i>	
21. I attended the deceased from <i>June 15</i> and last saw him alive on <i>June 15</i> Death occurred at <i>2:15</i> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Joseph A. Conrad M.D. (Coroner)</i>				22b. ADDRESS <i>Chillicothe, Mo</i>				22c. DATE SIGNED <i>Aug 5-58</i>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <i>Burial</i>		23b. DATE <i>Aug. 6, '58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Resthaven Mem Gardens</i>		23d. LOCATION (City, town, or county) (State) <i>Chillicothe, Missouri</i>			
24. FUNERAL DIRECTOR NORMAN FN'L HOME Chillicothe, Mo.				25. DATE RECD. BY LOCAL REG. <i>Aug - 5-58</i>		26. REGISTRAR'S SIGNATURE <i>Frances B Neill</i>			

AUG 19 1958

AUG 20 1958

DEPT. OF HEALTH
DIV. OF
HEALTH

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 *Elton Raman*

Licensed Embalmer No. 4036.....
P. O. Address Chillicothe, Mi

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.