

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027023  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6621

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City <u>4346</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>27</u> 7039 Washington Blvd.
3. NAME OF DECEASED (Type or print) First Middle Last EMMA HARKNESS		4. DATE OF DEATH Month Day Year July 1, 1958	
5. SEX Female <u>1</u>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1870
9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months Days 1 10	11. IF UNDER 24 HRS. Hours Min. 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Mary's, Missouri <u>o</u>
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Adolph Miller	
13b. MOTHER'S MAIDEN NAME Louise Roper		14. NAME OF HUSBAND OR WIFE Douglas Harkness	
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 Mrs. Robert McElvain, 7039 Washington
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Masov's Cerebral Vasomotor haz</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			<u>? yrs</u>
DUE TO (c) <u>Arterio Sclerosis</u>			<u>? yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Aortic regurgitation - Benign</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 WORK <input type="checkbox"/> NOT WHILE 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 <u>June 22, 1958</u> to <u>July 1, 1958</u> and last saw her alive on <u>July 1, 1958</u> Death occurred at <u>12:00</u> Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert McElvain</u> (Degree or title) M.D.		22b. ADDRESS 4356 Warne	22c. DATE SIGNED 7/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/2/58	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	23d. LOCATION (City, town, or county) (State) Chester, Illinois
24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd.	ADDRESS	25. DATE RECD. BY LOCAL REG. JUL 2 '58	26. REGISTRAR'S SIGNATURE <u>Paul Smith</u>

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  
MEDICAL CERTIFICATION

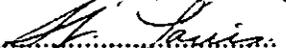
STATEMENT BY LICENSED EMBALMER

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. 4788

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.