

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043303

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1409

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY (If outside, give location) OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Annexation area R#1. M.K. Goetz Farm		d. STREET ADDRESS (If outside, give location) R#1. M.K. Goetz Farm	
Length of stay in lb 26 years.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Thomas H. Harness			4. DATE OF DEATH Month Day Year December 31, 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 Sept. 11, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Manager		10b. KIND OF BUSINESS OR INDUSTRY M. Karl Goetz Farm	9. AGE (In years at birthday) 76
11. BIRTHPLACE (City and state or country) Birmingham, Iowa.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elza Harness		13b. MOTHER'S MAIDEN NAME Martha Lawson	14. NAME OF HUSBAND OR WIFE Ruth Harness
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. 500-36-0173	17. INFORMANT Address Mrs. Ruth Harness R#1 St. Joseph, 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) Glomerulo-Nephritis Chronic			INTERVAL BETWEEN ONSET AND DEATH 1Yr 7, Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Heart Disease with failure			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 592X	
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 5-9-57 to 12-31-58 and last saw her/him alive on 12-27-58 Death occurred at 7:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. C. Sene		22b. ADDRESS St. Joseph, Mo	22c. DATE SIGNED 1/1/1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 2, 1959.	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
24. FUNERAL DIRECTOR Meserhoffer, Fleeman, & Sons		25. DATE RECD. BY LOCAL REG. Jan 2, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Hoell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Dr. H. C. Sene

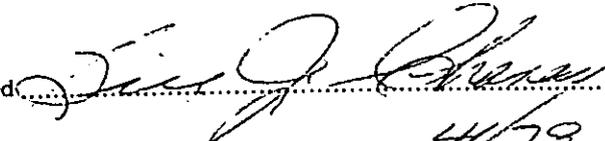
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. 4679

P. O. Address....St...Joseph...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.