

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047134

State File No.

FILED JAN 19 1959

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6278

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>KANSAS CITY</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES</u>		STREET ADDRESS (If rural, give location) <u>3720 EAST 53RD</u>	

3. NAME OF DECEASED (Type or Print) <u>BABY BOY HARMON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-58</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>12-13-58</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>	
13a. FATHER'S NAME <u>JAMES WAYNE HARMON</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Virginia Lawrence</u>		14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. James Harmon 3720 East 53rd KCMO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage due to tentorial tear</u>		b. ANTECEDENT CAUSES <u>Due to prematurity</u>		13 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		c. DUE TO (c)		-	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		7605	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from birth 12/13/58, to 12-13, 1958, that I last saw the deceased alive on 12-13, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>George V. Herrman MD</u>		23b. ADDRESS <u>411 Nichols Rd</u>		23c. DATE SIGNED <u>1/6/59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Retained</u>		24b. DATE <u>12-13-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hosp. K-C. Mo.</u>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <u>1-12-59</u>		REGISTRAR'S SIGNATURE <u>Wesley Minchall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Luke's Hosp. K-C. Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
John D. King, M.D.
Resident in Pathology, St. Luke's
Licensed Embalmer No.....

P. O. Address.....
*St. Luke's Hosp.
City, 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.