URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033878

FILED VS OCT 8 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8980

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis

Length of stay in 1b

c. CITY OR TOWN St. Louis

Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips

Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3053 Easton

Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Dan Middle Last Harmon

4. DATE OF DEATH Month 9 Day 25 Year 59

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Unknown

9. AGE (last birthday) About 63

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Tenn.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Harmon

13b. MOTHER'S MAIDEN NAME Julia

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Lennie Ruth Harmon Address 3057 Easton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma, Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 157X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9-11-59, to 9-25-59 and last saw her/him alive on 9-25-59

Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. O. Richard, M.D. (Degree or title)

22b. ADDRESS 2601 N. Whittier

22c. DATE SIGNED 9-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 9-30-59

23c. NAME OF CEMETERY OR CREMATORY Father Dickson

23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.

24. FUNERAL DIRECTOR A. L. Beal Und. - 4303 Delmar

ADDRESS

25. DATE RECD. BY LOCAL REG. SEP 30 '59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 D Richardson

Licensed Embalmer No. 2928

P. O. Address City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.