URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010983

FILED VS MAR 28 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1438

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson 1yr.9mo.6da
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kansas City Tb. Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2425 College — Reside on Farm Yes ☐ No ☐

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

4. DATE OF DEATH Month March Day 8 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-11-1877
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months 11 Days 26 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner
10b. KIND OF BUSINESS OR INDUSTRY State
11. BIRTHPLACE (City and state or country) Mo. Jackson
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Robert Harmon
13b. MOTHER'S MAIDEN NAME Edith Rogers
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. 465-12-9215
17. INFORMANT K.C. Tb. Hosp. Address K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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 May 23rd, 1957, to Mar. 7th, 1960 and last saw her/him alive on Mar. 7th, 1960
Death occurred at 1:30 a.m. Mar. 8th, 1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward P. Altomare MD
22b. ADDRESS Kansas City T.B. Hosp.
22c. DATE SIGNED 3-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical
23b. DATE 3-10-60
23c. NAME OF CEMETERY OR CREMATORY Kansas City College of Osteopathy & Surgery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Weilert's: 2332 Monitor Place, K.C., Mo.
25. DATE RECD. BY LOCAL REG. 3-10-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Edward P. Altomare

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed B. E. Weitert

Signature of Student Embalmer

Licensed Embalmer No. 4075

P. O. Address K.C. 8 Mo

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