

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021015

FILED VS MAY 23 1960

2 4414

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 7 DAYS	c. CITY OR TOWN 4919 HERN AVENUE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) BERKLEY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) CHARLES F. HARKLESS	First Middle Last	4. DATE OF DEATH 4/22/60	Month Day Year
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/12/80	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RR CONDUCTOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LOGAN, OHIO	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME DAVID HARKLESS	13b. MOTHER'S MAIDEN NAME MARGARET LEBMAN	14. NAME OF HUSBAND OR WIFE - - - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. 708-14-9980	17. INFORMANT ADA MAX (DAUGHTER - 4919 HERN AVE., BERKLEY, MO.)	Address
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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) ASPIRATION PNEUMONIA AND CACHEXIA		1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) METASTATIC CARCINOMA TO LIVER, RIBS, LUNG	1 YEAR
	DUE TO (c) CARCINOMA OF TRANSVERSE COLON	-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - 153.1 -		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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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
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21. VA attended the deceased from 4/15/60 to 4/22/60 and last saw him alive on 4/22/60 Death occurred at 9:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>A. Phillip Brewer, M.D.</i> PHILLIP BREWER, M.D.	(Degree or title)	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 4/22/60
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23a. BURIAL, CREMATION, REANOVAL (Specify) Burial	23b. DATE 4-26-60	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM	23d. LOCATION (City, town, or county) (State) Jefferson Parishes, MO
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24. FUNERAL DIRECTOR MAHN Funeral Home	ADDRESS Wesoto MO	25. DATE RECD. BY LOCAL REG. APR 25 1960	REGISTRAR'S SIGNATURE <i>Keon Smith, M.D.</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF



STATEMENT BY LICENSED EMBALMER

MAY 23 1960

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 _____
Signature of Student Embalmer

Signed Daniel J. Mah

Licensed Embalmer No. 432

P. O. Address Rebo

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.