

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 30 1960

60-023196
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3093

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in lb 20 Years	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8212 Troost

3. NAME OF DECEASED (Type or print) First JERRY Middle HARKINS Last SR.			4. DATE OF DEATH Month 6 Day 8 Year 60			
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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 8/31/06	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.		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) Sales Mgr. (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Air Conditioning	11. BIRTHPLACE (City and state or country) Des Moines, Iowa	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Andrew J. Harkins	13b. MOTHER'S MAIDEN NAME Etta May RAY	14. NAME OF HUSBAND OR WIFE Maurine Harkins
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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) No	16. SOCIAL SECURITY NO. 482-05-7815	17. INFORMANT Mrs Maurine Harkins	Address 8212 Troost K.C., Mo.
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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: IMMEDIATE CAUSE (a) Acute Sor Pulmonale		INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pulmonary Hypertension	?
	DUE TO (c) Pulmonary Emphysema	?

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.	Month, Day, Year
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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. I attended the deceased from May 30 1960 to June 8 1960 and last saw ^{HER}him alive on June 8 1960
Death occurred at 11:52 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Deed or title)	22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED <i>[Date]</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/11/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) Kansas City Mo.
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24. FUNERAL DIRECTOR Mellory-McGilley-Eylar, K.C., Mo.	ADDRESS 30 W Linwood	25. DATE RECD. BY LOCAL REG. 6-9-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

BY AFFIDAVIT OF Florence E. Mac Intire Medical Certification

4620 Nichols Parkway - So. 1 - 7288
609 - Romney Rd. - Hi. 4 - 3545

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 _____

Signature of Student Embalmer

Signed

W. H. A. Smith

Licensed Embalmer No. 5038

P. O. Address R. C. C. Co.

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.