

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025987  
STATE FILE NUMBER

FILLED vs AUG 8 1960

042

816

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in lb <u>32yrs</u>		c. CITY OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lake Contrary, Rt #6</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2619 Mary</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Marvin</u> Middle _____ Last <u>Harness</u>				4. DATE OF DEATH Month <u>July</u> Day <u>24</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 27, 1927</u>	9. AGE (last birthday) <u>32</u>	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) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Western Dairy</u>		11. BIRTHPLACE (City and state or country) <u>St. Joseph Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clarence Harness</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Caselman</u>			14. NAME OF HUSBAND OR WIFE <u>Leona Harness</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW II</u>			16. SOCIAL SECURITY NO. <u>WW II</u>		17. INFORMANT <u>Leona Harness St. Joseph, Mo</u> Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Accidental drowning</u> DUE TO (c) <u>Epileptic Seizure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>10 min</u> <u>at once</u>		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Diving</u>				
20c. TIME OF INJURY Hour <u>7:20</u> p.m. Month, Day, Year <u>7 24 60</u>	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.) <u>Swimming beach Lake Contrary Buchanan Co Mo</u>		20f. CITY, TOWN, OR LOCATION <u>St. Joseph</u>		COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>examined body</u> to <u>7/24/60</u> and last saw him <u>alive</u> on <u>7/24/60</u> Death occurred at <u>7:20 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>SE Melaney MD Coronar</u>				22b. ADDRESS <u>214 West Patrick St. Joseph 81 Mo Bldg</u>			22c. DATE SIGNED <u>7/27/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/27/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>King Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Joseph, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>John E. Snapp</u>			ADDRESS <u>St. Joseph, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 1, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>	

DOCUMENT

MEDICAL CERTIFICATION  
SE Melaney MD

BY AFFIDAVIT OF

