

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034787

FILED VS OCT 3 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4753 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in lb <u>UNKNOWN</u>		c. CITY OR TOWN <u>KANSAS CITY</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>1105 E. 11th</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1105 E. 11th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>C.</u> Last <u>HARKINS</u>				4. DATE OF DEATH Month <u>SEPT</u> Day <u>16</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAUCASIAN</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC. 5, 1979</u>		9. AGE (last birthday) <u>89</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>EDUCATION</u>		11. BIRTHPLACE (City and state or country) <u>SHEBOYGAN, WISC.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
13a. FATHER'S NAME <u>GEORGE HARKINS</u>			13b. MOTHER'S MAIDEN NAME <u>McMULLEN</u>			14. NAME OF HUSBAND OR WIFE <u>EMMA QUIER HARKINS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs E. S. GATES, CINCINNATI, OHIO</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Mayor Emma Quier</u>				22b. ADDRESS <u>1152 Mission Station</u>		22c. DATE SIGNED <u>9-19-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT. 20, 1960</u>		23c. NAME OF CEMETERY OR CREMATOR <u>FOREST HILL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>			
24. FUNERAL DIRECTOR ADDRESS <u>MUEHLERACH 6800 Truss</u>		25. DATE RECD. BY LOCAL REG. <u>9-19-60</u>		26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HUGO H. OWENS

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 Claud Cain Jr

Licensed Embalmer No. 1930
P. O. Address KC 14, Mo

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

Signature of Student Embalmer
J. H.
00-11-1