

MISSOURI DEPARTMENT OF PUBLIC HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 10413 SL 20723 = 61-038661 STATE FILE NUMBER

FILED NOV 15 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		Length of stay in 1b <u>54 days</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3161a Nebraska</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>FRANCIS</u> Middle Last <u>HARNES</u>	4. DATE OF DEATH Month <u>NOVEMBER</u> Day <u>8</u> Year <u>1961</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>9/28/88</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
-----------------------	----------------------------------	---	------------------------------------	-------------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hat Mfg.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>FRUMET, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>THOMAS HARNES</u>	13b. MOTHER'S MAIDEN NAME <u>ELSIE CRAIG</u>	14. NAME OF HUSBAND OR WIFE <u>LUCILLE HARNES</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-1</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Lucille Harness (Wife)</u>	Address <u>3161A Nebraska, St. Louis, Mo.</u>
---	-------------------------	--	--

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>INCREASED INTRACRANIAL PRESSURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>VENOUS OBSTRUCTION</u>		<u>UNKNOWN</u>
	DUE TO (c) <u>CARCINOMA OF ALVEOLAR RIDGE</u>		<u>UNKNOWN</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 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.) <u>144X</u>
---	---	---

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.) <u>VA</u>	20f. CITY, TOWN, OR LOCATION <u>VAH, ST. LOUIS, MO.</u>	COUNTY	STATE
--	---	--	--------	-------

21. attended the deceased from <u>9/15/61</u> to <u>11/8/61</u> and last saw <u>him</u> alive on <u>11/8/61</u> Death occurred at <u>1:50 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>HIRSH FOLK JR.</u> (Degree or title)	22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	22c. DATE SIGNED <u>11/8/61</u>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11/10/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
---	------------------------------	---	---

24. FUNERAL DIRECTOR <u>J. Lee Mothershead, DeSoto, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>NOV 9 1961</u>	26. REGISTRAR'S SIGNATURE <u>Coal Smith M.D.</u>
--	---	---

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Jose Matherhead*  
Licensed Embalmer No. 3531

P. O. Address *Desoto m*

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.