

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010493

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 15 1963

042

Primary Registration District No.

1000

Registrar's No.

462

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	
1 5117		
2 5117-		
3		
4 1		
5 1		
6		
7 0		
8 2		
9 330X		
10	INSTEAD OF	
11		
12 2-0		
13 1-0		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		
ITEM NO. SHOULD READ		
BY AFFIDAVIT OF		
DOCUMENT		
A. J. Herman, Medical Certification		

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 50yrs	c. CITY OR TOWN St. Joseph, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 714 Powell Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Virginia Middle B Last Harmon		4. DATE OF DEATH Month April Day 1 Year 1963	
5. SEX Female	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 Mar. 25, 1908
9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Joseph, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Raymond Malone	
13b. MOTHER'S MAIDEN NAME Lottie Dougherty		14. NAME OF HUSBAND OR WIFE Robert Harmon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Robert Harman, St. Joseph, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension			years
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 checked="" 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 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	
21. I attended the deceased from 3-14-63 to 4-1-63 and last saw her alive on 4-1-63 Death occurred at 11:57 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Allen J. Herman MD</i> (Degree or title)		22b. ADDRESS 706 Francis St. Joseph, Mo.	22c. DATE SIGNED 4-9-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/3/63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Mo
24. FUNERAL DIRECTOR <i>John S. ...</i>	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. April 12, 1963	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Standell</i>

USE BLACK INK OR TYPEWRITER RIBBON

10-10-63

Permit No. 4-3-63

File
712

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,

on BY _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

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.