

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUD

AMENDED **MAF**

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 70-1111

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY **Henry**

2. USUAL RESIDENCE (Where deceased lived longest period of time before admission)
a. STATE **Mo.**
b. COUNTY **Henry**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Clinton**
Length of stay in 1b **6 DAYS**

c. CITY OR TOWN **Clinton**
Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Clinton Convalescent Home**
Inside limits Yes No

d. STREET ADDRESS (If outside, give location)
103 E. Elm St.
Reside on Farm Yes No

3. NAME OF DECEASED
(Type or print) First Middle Last
Gertrude Estelle Harness

4. DATE OF DEATH
Month Day Year
March 25, 1965

5. SEX
Female

6. COLOR OR RACE
White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
8/30/1875

9. AGE (last birthday)
89

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
6 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Henry Co., Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
John L. Warren

13b. MOTHER'S MAIDEN NAME
Ida Jenkins

14. NAME OF HUSBAND OR WIFE
4818 Mercier

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.
None

17. INFORMANT
Frances Edwards, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Branchial Pneumonia**

INTERVAL BETWEEN ONSET AND DEATH
36 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Arteriosclerotic Heart Disease**

Several 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)

I. T. Fracture Rt. Femur. Postoperative

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 **1-31-65** to **3-25-65** and last saw her alive on **3-24-65**
Death occurred at **6 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Richard H. King M.D.

22b. ADDRESS
106 S. 5th Clinton Mo

22c. DATE SIGNED
3-26-65

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
March, 27, 1965

23c. NAME OF CEMETERY OR CREMATORY
Mullen Cemetery

23d. LOCATION (City, town, or county) (State)
Urish, Mo. Rural

24. FUNERAL DIRECTOR ADDRESS
Vansant Funeral Home, Clinton, Mo.

25. DATE RECD. BY LOCAL REG.
3-26-65

26. REGISTRAR'S SIGNATURE
Mildred Bigins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS 300 Rev. 4/59
1 0425
2 0425
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CH 32
CH 32

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8-58

Permit Obtained 3-26-65 (10/13)

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 W. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.