

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006607

609 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 609

FILED FEB 18 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF U. Stockwell MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 55 YEARS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3516 SUMMIT STREET CRESTHAVEN REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3516 SUMMIT STREET
3. NAME OF DECEASED (Type or print) First FLOID Middle L. Last HARNDEN		4. DATE OF DEATH Month JANUARY Day 29 Year 1963	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/2/1880
9. AGE (last birthday) 82 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER	11. BIRTHPLACE (City and state or country) BARRINGTON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME HARVEY A. HARNDEN	
13b. MOTHER'S MAIDEN NAME ADA A. DE VOL		14. NAME OF HUSBAND OR WIFE FRANCES PARK HARNDEN	
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. [REDACTED]	
17. INFORMANT MRS. CARBETON LOWE, PRANSKY-HOUSE		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia 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) Parkinsons Disease - Sen. Arteriosclerosis		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 Sept 1958 to 1-28-63 and last saw her alive on 1-28-63 Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Morgan U. Stockwell M.D.		22b. ADDRESS 2500 Johnson Dr.	22c. DATE SIGNED 1-29-63
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE JAN. 31 1963	23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		24. FUNERAL DIRECTOR 1331 BROOKER CREEK DIV'N.	
25. DATE RECD. BY LOCAL REG. 1-30-63		26. REGISTRAR'S SIGNATURE Keith Song	

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address K. C., 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.

22. Morgan U. Stockwell Jr. 1-16-41
2500 Johnson Drive, Berkeley (next to Hellman's Plant)
100-4:30
24 - 4
B&B