

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5021**
645

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>1904</u> | | d. STREET ADDRESS (If rural, give location) <u>315 CHERRY 3030</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KRESTWOOD HOSP</u> | | | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) _____ c. (Last) <u>HARRIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 52</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>SYRIAN</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u> | |
| 8. DATE OF BIRTH <u>—</u> | | 9. AGE (In years last birthday) <u>66</u> | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNS REASTURANT</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>REASTURANT</u> | | 11. BIRTHPLACE (State or foreign country) <u>SYRIA</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>JOSEPH HARRIS</u> | | 13b. MOTHER'S MAIDEN NAME <u>SUSIE GORA</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARGARET HARRIS</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>499-14-3764</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MARGARET HARRIS</u> | |
| | | | | ADDRESS <u>315 CHERRY</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Arteriosclerotic Heart Disease w congestive failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u> DUE TO (c) <u>Nephrosclerosis - cause (c)</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10-12 days</u> <u>undetermined</u> <u>undetermined</u> <u>4200</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|---|--|

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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|---|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
|---|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from 2-7-, 1952, to 2-9-, 1952, that I last saw the deceased alive on 2-9-, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

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|---|--|--|--|---------------------------------|--|
| 23a. SIGNATURE <u>E. Robert Negro MD MD</u> (Degree or title) | | 23b. ADDRESS <u>925 Argyle Bldg., K.C., Missouri</u> | | 23c. DATE SIGNED <u>2-11-52</u> | |
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|---|--|--------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>2-12-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARY'S</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>K.C MO</u> | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>2-11-52</u> | | REGISTRAR'S SIGNATURE <u>Steadline Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u> | |
| | | | | ADDRESS <u>901 E 5TH</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed *Russell N France*

Licensed Embalmer No. *4255*

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 this body is not embalmed, fact should be so stated above.