

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20753**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **282**

1. PLACE OF DEATH a. COUNTY Jackson County, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) 1416 Hardy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED a. (First) Norman (Type or Print)			b. (Middle) Harrison			c. (Last) Black			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1952						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 5, 1898			9. AGE (In years last birthday) 54		# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 100 HRS. Hours	# UNDER 100 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Lancashire, England				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME James Black			13b. MOTHER'S MAIDEN NAME Elizabeth Harrison			14. NAME OF HUSBAND OR WIFE Kathleen Ann		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes (World War I, Eng.)		16. SOCIAL SECURITY NO. 497-34-0509		17. INFORMANT'S SIGNATURE OR NAME Kathleen Black, 1416 Hardy				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure						INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac disease yrs C. Mitral stenosis, Aortic regurgitation & Cardiac Hypertrophy						Several	
		DUE TO (c) Stenosis & Cardiac Hypertrophy							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) Independence Mo. Jackson	
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 **Apr 11**, 1952, to **June 9**, 1952, that I last saw the deceased alive on **June 9**, 1952, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Watson Jr. M.D.			23b. ADDRESS Independence Mo.			23c. DATE SIGNED 6-11-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1952		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Independence, Missouri			

DATE REC'D BY LOCAL REG. 6/11-52		REGISTRAR'S SIGNATURE James O. Kelly			25. FUNERAL DIRECTOR'S SIGNATURE Kepley & General Home			ADDRESS Indep. Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

485

FEB 3 1953

JUN 13 RECD

Handwritten notes in the top right corner, including the word "JULY" and some illegible scribbles.

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

Hellie Kiesel

Licensed Embalmer No. 4690

P. O. Address Independence, 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.