FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42293

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5497

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City,
c. LENGTH OF STAY (In this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 815 East 9 St. 3 | 3 0

3. NAME OF DECEASED (Type or Print)
a. (First): Virgil
b. (Middle): S
c. (Last): Harter

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 21 1886
9. AGE (In years last birthday): 66 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mantainence Man
10b. KIND OF BUSINESS OR INDUSTRY: Kellog Switch Board
11. BIRTHPLACE (City and State or Foreign Country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Harter
13b. MOTHER'S MAIDEN NAME: Mahaley Katherine Leigon
14. NAME OF HUSBAND OR WIFE: Bessie Harter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 315-05-4227
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Bessie Harter 815 East 9 St K.C.Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Edema — Interval between onset and death: 3 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hemorrhage Esophageal Varices — 3 day

DUE TO (c) Hepatic Cirrhosis — 10 yr

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* Ascites Abdominal — 8 mo.

581D

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Dec, 1952, *to* 13 Dec, 1952, *that I last saw the deceased alive on* 12 Dec, 1952, *and that death occurred at* 2:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE F. H. Wakefield M.D. **(Degree or Title)** MD
23b. ADDRESS 1102 Grand K.C. Mo.
23c. DATE SIGNED 12-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 15 1952
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 12-15-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mrs C.L.Forster 918 Brooklyn K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Bryant Bldg

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 J. Virgil Kennedy

Licensed Embalmer No. 3599

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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