

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9866**
1516

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

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

1. PLACE OF DEATH a. COUNTY <u>Jackson - 3231 Prospect</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner</u>		7000 X
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazlewood Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>none</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie V.</u> b. (Middle) <u>Harra</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1953</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 15, 1862</u>	9. AGE (In years last birthday) <u>90</u>	# UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	# UNDER 2 HRS. Hours <u>1</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Jackson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Rachel Dillingham</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Robert A. Harra</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lula Webb, Buckner, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Left Breast</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				170 X

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 _____	
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22. I hereby certify that I attended the deceased from Feb 23, 1953, to Mar 6, 1953, that I last saw the deceased alive on Mar 6, 1953, and that death occurred at 4:00 m., from the causes and on the date stated above.

23. SIGNATURE <u>John K. Caldwell</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>306 E 12 St. Kansas City, Mo.</u>		23c. DATE SIGNED <u>3/4/53</u>	
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buckner, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>3-16-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hazel H. Reppert, Buckner Mo.</u>		
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AUG 9
1954

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 Hazel H. Reppent

Licensed Embalmer No. 4312

P. O. Address Buckner, 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.