

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9870

State File No. _____

1329

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1329</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY,</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROANOKE NURSING HOME</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>3660 SUMMIT</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>HARRISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4, 1953</u>					
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>JAN. 19, 1857</u>		
9. AGE (In years last birthday) <u>96</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>BRANCH, WIS.</u>		
11. BIRTHPLACE (State or foreign country) <u>BRANCH, WIS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HARRY N. MOSSMAN</u>		13b. MOTHER'S MAIDEN NAME <u>DAREXA ELLIS</u>		
13a. FATHER'S NAME <u>HARRY N. MOSSMAN</u>		13b. MOTHER'S MAIDEN NAME <u>DAREXA ELLIS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES A HARRISON (DECEASED)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>MRS. ROBERT O. WHITAKER, 5939 Brooklyn</u>				
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) <u>Cerebral Occlusion - Acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>20 years</u> <u>4201</u>	
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) _____		
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) _____		
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 <u>Jan 8</u> , 19 <u>51</u> to <u>March 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 27</u> , 19 <u>53</u> , and that death occurred at <u>4:40 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. W. Dodson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1011 Professional Bldg.</u>		23c. DATE SIGNED <u>March 5, 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/4/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>AUBRY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OLATHE, KANSAS</u>		
DATE REC'D BY LOCAL REG <u>3-5-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.E. Julian</u>		ADDRESS <u>Olathe Kas</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Charles L. Fleming

Licensed Embalmer No. *4569*

P. O. Address - *Waltham, Mass.*

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.