

FILED JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18055**
2558BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 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 town) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (In this place) 54 years | | d. STREET ADDRESS (If rural, give location) 1108 4934 Euclid | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. General Hospital | | 3. NAME OF DECEASED a. (First) MRS. MARY b. (Middle) HARBOLT c. (Last) HARBOLT | |
| 4. DATE OF DEATH May 13 1953 | | 5. SEX Female 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2 | | 8. DATE OF BIRTH Nov 9 1868 | |
| 9. AGE (In years last birthday) 84 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Bloomington Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME CHRISTIAN GRAF | |
| 13b. MOTHER'S MAIDEN NAME KATHRYN GEIGER | | 14. NAME OF HUSBAND OR WIFE FRED HARBOLT | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. ? | |
| 17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Kathryn Magelis</i> | | ADDRESS 4435 Madison | |
| 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) <i>Myocardial Interventricular</i> ANTECEDENT CAUSES <i>Subarachnoid & Interstitial Hemorrhage</i> 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 21a. ACCIDENT SUICIDE HOMICIDE <i>natural</i> | |
| 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) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <i>Hugh B. Owens</i> | | 23b. ADDRESS <i>1034 Crest St Bldg 5-1503</i> | |
| 23c. DATE SIGNED 5-15-53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE May 16 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Geraldine Smith</i> | |
| DATE REC'D BY LOCAL REG. 5-19-53 | | ADDRESS 20 W Linwood | |

(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 Forrest D. Colburn

Licensed Embalmer No. 4714

P. O. Address K C Ma

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

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