

STANDARD CERTIFICATE OF DEATH

39883

State File No. ....

FILED DEC 2 - 1953

5411

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</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>3 weeks</u>	c. CITY OR TOWN <u>Missouri</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>5728 Maple</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carol</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Harlan</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>November 15, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 21, 1930</u>		9. AGE (In years last birthday) <u>23</u> 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Alexandria, Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fred Dein</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Olson</u>	
14. NAME OF HUSBAND OR WIFE <u>Jerry Patrick Harlan</u>		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>497-34-5165</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Jerry Patrick Harlan</u>		18. ADDRESS <u>5728 Maple Kansas</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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesothelioma multiforme</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 mo.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arising in spinal cord and metastasizing to cerebellum and ganglia</u>			
DUE TO (c) <u>None</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>None</u>	

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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Mesothelioma of Spinal Cord at Th10 level.</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 April, 1953, to Nov 15, 1953, that I last saw the deceased alive on Nov 14, 1953, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Weiford</u> (Degree or title) <u>E. C. Weiford M.D.</u>		23b. ADDRESS <u>330 West 47th St. Kansas City, MO</u>		23c. DATE SIGNED <u>Nov-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRBURY, NEBRASKA</u>	
24d. LOCATION (City, town, or county) (State) <u>FAIRBURY, NEBRASKA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newman</u> ADDRESS <u>1381-20th St. OREOK Kansas City, MO</u>			

DATE REC'D BY LOCAL REG. <u>11-16-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newman</u> ADDRESS <u>1381-20th St. OREOK Kansas City, MO</u>	
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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.....  
Signature of Student Embalmer

Signed *Rosal J. Boyer*

Licensed Embalmer No. *489*

P. O. Address *K.C. 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.