

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**4862**

State File No. ....

**FILED FEB 18 1954**

**479**

BIRTH NO. 41774-52 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 479

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>De Kalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Union Star</u>	
c. LENGTH OF STAY (in this place) <u>11 da. 2 1/2 hr</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Patricia</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Harris</u>	<u>Jan. 29, 1954</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE.</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>child</u>	<b>8. DATE OF BIRTH</b> <u>June 14, 1953</u>		<b>9. AGE</b> (In years last birthday) <u>7</u> IF UNDER 1 YEAR: Months <u>15</u> IF UNDER 12 HRS. <u>—</u> Min. <u>—</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>child</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>child</u>		<b>11. BIRTHPLACE</b> (City, and State or Foreign Country) <u>Union Star, Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>					

<b>13a. FATHER'S NAME</b> <u>Albert Harris</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Wilma R. Smith</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>child</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Albert Harris, Union Star, RR2, Missouri</u>	
(If yes, give war or dates of service)				<b>ADDRESS</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (b) <u>U.R.I. &amp; celiac disease</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>ANTECEDENT CAUSES</b>		
		DUE TO (b) <u>unknown</u> DUE TO (c) _____		
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>475A</u>

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from Jan 18, 1954, to Jan 29, 1954, that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 5:30 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Wayne Hart</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Mercy Hospital Kansas City Mo.</u>		<b>23c. DATE SIGNED</b> <u>1-29-54</u>	
<b>24a. BURIAL CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>1-29-54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Altavista</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Altavista Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John Brann</u>		<b>ADDRESS</b> <u>Mayville Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>1-30-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>			

AUG 14 1957

*not embalmed*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.