

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13524**
Registrar's No. **3853**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3853	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OSAWATOMIE		d. STREET ADDRESS (If rural, give location) 1015 CHESTNUT ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSP				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) WILSON b. (Middle) _____ c. (Last) HARRIS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 24, 1954				
5. SEX MALE		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 25, 1918	
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RD. HOUSE LABORER		10b. KIND OF BUSINESS OR INDUSTRY MO. PAC.		11. BIRTHPLACE (City and State or Foreign Country) OSAWATOMIE, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Willie Harris		13b. MOTHER'S MAIDEN NAME Lizzie B. Herley		14. NAME OF HUSBAND OR WIFE Leona Harris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME OSAWATOMIE ADDRESS Leona Harris 1015 Chestnut St Kansas			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Essential Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia				INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 592X			
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 3/24, 1954 , to 4/24, 1954 , that I last saw the deceased alive on 4/20, 1954 , and that death occurred at 4:55 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles H. Knowles, M.D.				23b. ADDRESS 1215 So. Grand		23c. DATE SIGNED 4-24-54	
24a. BURIAL, CREMATION (REMOVAL) (Specify) Rock Ark.		24b. DATE 4-29-54		24c. NAME OF CEMETERY OR CREMATORY Missio Chapel		24d. LOCATION (City, town, or county) (State) Little Rock ARK.	
DATE REC'D BY LOCAL REG. APR 28 1954		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. G. S. L. ONE 2930 DICKSON ST			

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 Leroy H. Bannister

Licensed Embalmer No. 45-23

P. O. Address 3880 Easton Ave

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.