

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22170**
Registrar's No. **3224**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1062		Registrar's No. 3224	
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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 55 YEARS		c. CITY OR TOWN KANSAS CITY		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 5632 EUCLID AVENUE				e. STREET ADDRESS (If rural, give location) 5632 EUCLID AVENUE 3808			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) ERNEST		c. (Last) HARLEY		4. DATE OF DEATH (Month) (Day) (Year) JULY-27-1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, 1 WIDOWED, 2 DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB-22-1874	
9. AGE (In years last birthday) 81		10. USE OF OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TEACHER		10b. KIND OF BUSINESS OR INDUSTRY CENTRAL HIGH SCHOOL PRINTER		11. BIRTHPLACE (City and State or Foreign Country) WAYERLY, KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HARLEY		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE MRS. LENA MARSON HARLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-264133		17. INFORMANT'S SIGNATURE OR NAME MRS. LENA MARSON HARLEY ADDRESS 5632 EUCLID AVE KANSAS CITY, MO.			
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) Carcinoma of Bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 1817				INTERVAL BETWEEN ONSET AND DEATH 2 years	
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) _____			
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 July 1, 1953 , to July 27, 1955 , that I last saw the deceased alive on July 27, 1955 , and that death occurred at 4:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE John K. Caldwell MD (Degree or title) MD				23b. ADDRESS Kansas city, Mo.		23c. DATE SIGNED 7/29/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-29-55		24c. NAME OF CEMETERY OR-CREMATORY HIGHLAND CEMETERY		24d. LOCATION (City, town, or county) (State) OTTAWA KANSAS	
DATE REC'D BY LOCAL REG. 7-29-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newman's Sons ADDRESS 1331 BAUGH CREEK KANSAS CITY, MO.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John K. Caldwell

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 *Edward M. Stone*
4403

Licensed Embalmer No.....

P. O. Address *K.C. 110*

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.