

FILED SEP 26 1955

STANDARD CERTIFICATE OF DEATH

State File No. **29022**
Registrar's No. **994**

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| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 994 | | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) 47 years | | c. CITY OR TOWN St. Joseph | | 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 2327 Penn St. | | | | e. STREET ADDRESS (If rural, give location) 2327 Penn St. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Florence | | | b. (Middle) Kate | | c. (Last) Harrison | | 4. DATE OF DEATH (Month) (Day) (Year) September 10, 1955 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH May 6, 1883 | | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (City and State or Foreign Country) Northampton, England | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Joseph Letts | | | 13b. MOTHER'S MAIDEN NAME Jane Spain | | 14. NAME OF HUSBAND OR WIFE Charles | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlie R. Harrison, 2327 Penn, St. Joseph, Mo. | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS | | | | | | 2 MONTHS | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PRIMARY CARCINOMA OF GALL BLADDER | | | | | | UNK | |
| | DUE TO (c) _____ | | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 155X | | | | | | | |
| 19a. DATE OF OPERATION 8-8-55 | | 19b. MAJOR FINDINGS OF OPERATION GENERALIZED CARCINOMATOSIS APPARENTLY PRIMARY CARCINOMA OF GALL BLADDER | | | | 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 21, 1955 , to SEPT. 10, 1955 , that I last saw the deceased alive on SEPT. 8, 1955 , and that death occurred at 9:50 a. m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Lawrence H. Pifer MD | | | | 23b. ADDRESS 1302 PAKAW ST, ST. JOSEPH, MO. | | 23c. DATE SIGNED 9-12-55 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 9/13/1955 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | | | |
| DATE REC'D BY LOCAL REG. Sept 20, 1955 | | REGISTRAR'S SIGNATURE Kathleen M. Allison | | 25. FUNERAL DIRECTOR'S SIGNATURE Heston-Bowman | | ADDRESS St. Joseph Mo. | | |

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 *Richard D. Collins*.....

Licensed Embalmer No. *4959*.....

P. O. Address *314 S. 10th St. Omaha*.....

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.