

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43314**  
Registration No. **5745**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <b>43314</b>		Registration No. <b>5745</b>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			c. LENGTH OF STAY (In this place) <b>4 wks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			d. STREET ADDRESS (If rural, give location) <b>3218 N. 23rd Street</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeside Hospital</b>					d. STREET ADDRESS (If rural, give location) <b>3218 N. 23rd Street</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILBERT</b>			b. (Middle) <b>EARL</b>		c. (Last) <b>HARRIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 31, 1955</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 26, 1906</b>		9. AGE (In years last birthday) <b>49</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>James Harris</b>			13b. MOTHER'S MAIDEN NAME <b>Angie Mae Phillips</b>			14. NAME OF HUSBAND OR WIFE <b>Rose Harris</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknowns) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>510-05-4215</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rose Harris</b>			ADDRESS <b>K. C. K.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Surgical Shock</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Peritonitis</b> DUE TO (c) <b>Perforated Duodenal Ulcer</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Mitral heart disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs.</b> <b>3 days</b> <b>3 days</b> <b>30 yrs</b>		
19a. DATE OF OPERATION <b>12/31/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Abused.</b>						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 <b>July 15, 1945</b> , to <b>Dec. 31, 1955</b> , that I last saw the deceased alive on <b>Dec. 31, 1955</b> , and that death occurred at <b>4:30 Am.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>A. J. Milazzo</b> (Degree or title)				23b. ADDRESS <b>120. 1811 Quindaro</b>			23c. DATE SIGNED <b>12/31/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-31-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>				
DATE REC'D BY LOCAL REG. <b>1-1-56</b>		REGISTRAR'S SIGNATURE <b>Neve Marshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Matt Skradski</b>			ADDRESS <b>K.C.K.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Mat Skradski*

Signed.....

Student Embalmer

Licensed Embalmer No. 4382

P. O. Address Kansas City, Kansas

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.