

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23751**  
Registrar's No. **3001**

FILED AUG 8 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3001</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>39 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. In 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 <u>3131 EUCLID AVENUE</u>				e. STREET ADDRESS (If rural, give location) <u>3131 EUCLID AVENUE 3548</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>			b. (Middle) <u>MAY</u>		c. (Last) <u>HARRISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY - 8 - 1956</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>OCT. 25, 1887</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOSS MANUFACTURING COMPANY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEE'S SUMMIT, MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>THOMAS L. HARRISON</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY R. WYATT</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-22-1091-A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William J. Harrison</u>				ADDRESS <u>3131 EUCLID, K.C. Mo.</u>	
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) <u>Acute Myocardial Infarction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterio-sclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  H201						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
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 <u>Feb 24, 1956</u> , to <u>July 8, 1956</u> , that I last saw the deceased alive on <u>June 5, 1956</u> , and that death occurred at <u>10:00A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert Jansen</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>101 E. 63d</u>				23c. DATE SIGNED <u>7-9-56</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 10 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEE'S SUMMIT MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>7-10-56</u>		REGISTRAR'S SIGNATURE <u>newman minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. T. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CARR Kansas City, Mo.</u>			

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 *Albert F. Savage*.....  
Licensed Embalmer No. *481*.....

P. O. Address *Hanson*.....

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.