

FILED SEP 11 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 26924
2620

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2620

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Jackson	a. STATE	Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only)	Inside Limits OR TOWN Kansas City	c. CITY OR TOWN	Inside Limits Kansas City, Rural ¹⁰⁰⁰ <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	St. Joseph Hospital	d. STREET ADDRESS	(If outside, give location) 3507 Hunter Rd
Length of stay in hospital	75 yrs	Reside on Farm	<input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day Year
CARRIE I HARRISON			August	17, 1956
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	
Female	White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	June 10, 1879	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.
77		Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)
Housewife		Home		Cass Co., Mo.
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?	
Jacob Buzan			U. S. A.	
14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service)	
Martha Wade			None	
16. SOCIAL SECURITY NO.			17. INFORMANT Address	
None			Mrs. Vesta Classen La Cygne, Kansas	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			
Broncho-pneumonia			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			2 Days -
DUE TO (b)			1 week -
Chc Pyelonephritis			3 mos -
DUE TO (c)			157*
Ca. Head of Pancreas			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY			Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE-AT-WORK <input type="checkbox"/> NOT WHILE-AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION			COUNTY	STATE

21. I attended the deceased from 4 Aug 56 to 17 Aug 56 and last saw her/him alive on 17 Aug 56			
Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
William C. Van Buskirk, M.D.		1418 Professional Bldg.	18 Aug 56

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	8-20-56	Forest Hill Cemetery	Kansas City, Missouri
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Mellody-McGilley-Eylar		8-18-56	Neva Minshel

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

health, Welfare public service
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
William C. Van Buskirk

MEDICAL CERTIFICATION

*Emb. Rm. Bldg.
Prof. Bldg.*

*Will sign
2-4:30 P.M.*

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.....*Ivan E. Miller*

Licensed Embalmer No.*49*

P. O. Address.....*K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.