

Health, Welfare, Public Service
 300
 5-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4752
 STATE FILE NUMBER
 Registrar's No. 852

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE			
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		81508 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) ST. ADM. HOSPITAL		Length of stay in hospital 56 YEARS		d. STREET ADDRESS 2929 METROPOLITAN		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle EDWARD Last HARLAN				4. DATE OF DEATH Month February Day 21 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH September 23, 1900	
9. AGE (In years last birthday) 56		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Patrolman		10b. KIND OF BUSINESS OR INDUSTRY K. C. Kans. Park Dept.		11. BIRTHPLACE (City and state or country) Kansas City, Kansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Joseph G. Harlan				14. MOTHER'S MAIDEN NAME Bertie Logan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 511-14-7771		17. INFORMANT Mrs. Olive Harlan Address 2929 Metropolitan Official VA Hospital Records, K. C. Mo. No.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute hemorrhagic pancreatitis DUE TO (c) Lymphoblastoma						INTERVAL BETWEEN ONSET AND DEATH 1021	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
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.) 1				
20c. TIME OF INJURY Hour: _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from February 21, 1957 to February 21, 1957 Death occurred at 6:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner				22b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo.		22c. DATE SIGNED 2-22-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 2/25/57		23c. NAME OF CEMETERY OR CREMATORY MAPLE HILL		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR Howard H. Simmons			ADDRESS K.C., Kan.		25. DATE RECD. BY LOCAL REG. 2-22-57		26. REGISTRAR'S SIGNATURE Neva Minshell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Hugh H. Owens

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 *Donan K. James*

Licensed Embalmer No. *48*

P. O. Address *R.C.K.*

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.