

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17104  
STATE FILE NUMBER  
2187

FILED MAY 29 1957

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

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Jackson</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kansas City</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN<br><b>Kansas City</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>General Hosp. #2</b>  |                                  | Length of stay in 1b<br><b>2yrs.</b>  | d. STREET ADDRESS (If outside, give location)<br><b>2905 Forest</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Addie L. Harper</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>May 8, 1957</b>  |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 12, 1883</b>  | 9. AGE (In years last birthday)<br><b>73</b>                                | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Registered Nurse</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Abbeville, S. Car.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>John Holloway</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Ellen Searles</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Edward Henry Harper</b>                   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |   | 17. INFORMANT Address<br><b>Mattie Belle H. Long, daughter 2405 E. 27th</b> |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>1. Generalized arteriosclerosis</b><br><b>2. Cerebral vascular accident</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____ |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>33 1/2</b>   |
| 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?<br>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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                                  |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>May 7, 1957</b> to <b>May 8, 1957</b> and last saw her/him alive on <b>May 8, 1957</b><br>Death occurred at <b>7:55 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><i>M. Peterson</i>  |                                  |   | 22b. ADDRESS<br><b>600 E. 22nd Street</b>   |   | 22c. DATE SIGNED<br><b>5-9-57</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 23b. DATE<br><b>5/11/57</b>   | 23c. NAME OF CEMETERY OR CREMATORY  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Augusta, Ga.</b>                              |
| 24. FUNERAL DIRECTOR ADDRESS<br><i>E. Sterling Biles 1212 N. R.C.M.O.</i>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>5-10-57</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Neval Marshall</i>  |   |   |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
W.R. Peters on



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 E. Sterling Bull

Licensed Embalmer No. 3178

P. O. Address 1212

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.