

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17107

State File No. ....

FILED JUN 5 1957

2296

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2296

1. PLACE OF DEATH a. COUNTY <u>Tackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give townshp) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Merriam</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		* STREET ADDRESS (If rural, give location) <u>5921 Grandview 4154</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> b. (Middle) <u>Anna</u> c. (Last) <u>Harrison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-57</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-21-1913</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, St. Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry J Irvin</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Fahrenholz</u>	14. NAME OF HUSBAND OR WIFE <u>Odey E. Harrison</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>510-05-5062</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Odey Elmer Harrison</u> ADDRESS <u>Merriam, KS</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Oedema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-10 minutes</u>  <u>Months</u>  <u>193+</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain Tumor</u> DUE TO (c) <u>Ependymoma 4th vent</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>15 MAY 57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ependymoma 4th Ventricle</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jack. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 5-13-57, 1957, to 5-15, 1957, that I last saw the deceased alive on 5-15, 1957, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. A. Carmichael M.D.</u>	23b. ADDRESS <u>411 Nichols Road</u>	23c. DATE SIGNED <u>17 May 57</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/18/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shawnee, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>5-18-57</u>	REGISTRAR'S SIGNATURE <u>neva marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Paulino</u> ADDRESS <u>Shawnee, Kansas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
F. A. Carmichael

for 1-3305

of my personal supervision

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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. Paulino*

Licensed Embalmer No. 438

P. O. Address *Pratt, Ka*

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.