

Health, Welfare, Public Service

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28253
STATE FILE NUMBER
Registrar's No. 3768

Registration District No. 147 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) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 815 th St
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1-DAY ST. MARYS		Length of stay in lb 1-DAY	d. STREET ADDRESS (If outside, give location) 717 NORTH 8 th STREET
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last AMORETTE EMMALINE HARDING			4. DATE OF DEATH Month Day Year AUGUST 9 1957		
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5. SEX FEMALE	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 JUNE 22 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BLUE HILL, NEBRASKA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM S. MORRIS	13b. MOTHER'S MAIDEN NAME ZUELLA WILSON	14. NAME OF HUSBAND OR WIFE RUSSELL A. HARDING
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT RUSSELL A. HARDING	Address 717 NORTH 8 th ST. KANSAS CITY, KANSAS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCT OF HEART		INTERVAL BETWEEN ONSET AND DEATH 24 hours
DUE TO (b) HYPERTENSIVE HEART DISEASE		
DUE TO (c) HEMIPARESIS; SHOCK; THROMBOSIS; MYOCARDIAL INFARCT; ACUTE		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old Coronary Arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 1947 to 8-9-57 and last saw her alive on 8-8-57
Death occurred at 6:40 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. A. Myers M.D.	(Degree or title) D	22b. ADDRESS 1115 Grand Ave, Kansas City Mo 64104	22c. DATE SIGNED 8/12/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG 12 1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY MO.	ADDRESS 1331 BROSIN CREEK	25. DATE RECD. BY LOCAL REG. 8-12-57	26. REGISTRAR'S SIGNATURE Reva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
W. A. Myers

All diseases in Part I must be causally related.



ms. 2-3925

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 Basil Honey

Licensed Embalmer No. 1724
P. O. Address K.C., Mo.

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.