

Health,
& Welfare
Public
Service

5.300
v. 1-57

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.

V. L. Dixon
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40372
STATE NUMBER
5202

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5202

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN INDEPENDENCE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHEATLEY HOSPT.		d. STREET ADDRESS 416 W. College	
3. NAME OF DECEASED (Type or print) First PICCOLA Middle DEAN Last HARRIS		4. DATE OF DEATH Month November Day 4 Year 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1930
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty operator		11. BIRTHPLACE (City and state or country) Independence, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Richard Harris		13b. MOTHER'S MAIDEN NAME Arletta Estes	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-28-8138	17. INFORMANT Address Arletta Brown 416 W. College Mother
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage DUE TO (b) Ruptured Congenital Aneurysm (Cerebral) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 330+
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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 10-17-57 to 11-4-57 and last saw her alive on 11-4-57 Death occurred at 3:25 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE U. L. Dixon M.D. (Degree or title)		22b. ADDRESS 2204 1/2 E. 18th St., K.C., Mo.	
22c. DATE SIGNED 11-5-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11-8-57		23c. NAME OF CEMETERY OR CREMATORY Lincoln	
23d. LOCATION (City, town, or county) Kans. City, Mo.		(State)	
24. FUNERAL DIRECTOR Watkins Bros. Fn. Hm. 18th & Benton		25. DATE RECD. BY LOCAL REG. 11-6-57	
26. REGISTRAR'S SIGNATURE Neva Minshall			

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 Bruce P. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton



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.