

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014212

STATE FILE NUMBER  
1821

FILED APR 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1821

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN Hosp.</u>		Length of stay in 1b <u>50 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>4106 SO. BENTON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA HARP</u>			4. DATE OF DEATH Month Day Year <u>APRIL 9, 1958</u>		
--	--	--	--	--	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 14, 1866</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	---	--	--	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	11. BIRTHPLACE (City and state or country) <u>BEVIER, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	---

13a. FATHER'S NAME <u>William F. WATSON</u>	13b. MOTHER'S MAIDEN NAME <u>ISABELLA WARDELL</u>	14. NAME OF HUSBAND OR WIFE <u>Willard P. HARP</u>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>4228 SO. BENTON</u> <u>MRS. J. A. REES - KANSAS CITY, MO</u>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized arteriosclerosis + AS Nephrotic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <u>Age</u>	<u>440</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Terminal enterocolitis and meningitis (3 wks)</u>		19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 <u>1944</u> to <u>4/9/58</u> and last saw her alive on <u>4/8/58</u> Death occurred at <u>5:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>Joseph E. Welker M.D.</u>	(Degree or title)	22b. ADDRESS <u>886 Prof. Bldg. K.C. 6, Mo</u>	22c. DATE SIGNED <u>4/9/58</u>
--	-------------------	---	-----------------------------------

23a. BURNING, CREMATION, REMOVAL (Specify)	23b. DATE <u>APRIL 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK WOOD CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>BEVIER, MISSOURI</u>
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS</u>	ADDRESS <u>1337 BUSH CREEK K.C., MO.</u>	25. DATE RECD. BY LOCAL REG. <u>4-9-58</u>	26. REGISTRAR'S SIGNATURE <u>neva Minshall</u>
--	---	---	---

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
Joseph E. Welker use only BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Chester K Brown* .....

Licensed Embalmer No. *4931* .....  
P. O. Address *KE 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.