

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014216
STATE FILE NUMBER
1822

FILED APR 23 1958

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

S. 300
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

George K. Landis

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>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4126 Bellefontaine 30years</u>		Length of stay in lb	d. STREET ADDRESS (If outside give location) <u>4126 Bellefontaine</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MABEL CLAIR HARRIS</u>		4. DATE OF DEATH Month Day Year <u>April 8 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"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 16 1876</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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>None</u>	11. BIRTHPLACE (City and state or country) <u>Colo County Del</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Nathan Perry Lee</u>	
13b. MOTHER'S MAIDEN NAME <u>Landace Austin</u>		14. NAME OF HUSBAND OR WIFE <u>William H. Harris</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mr Robert B. Berrie 4126 Bellefontaine</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>MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 HOURS.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			<u>25 YRS.</u>
DUE TO (c) _____			<u>42</u>
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? 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.) <u>/</u>	
20c. TIME OF INJURY Hour Month Day Year a.m. p.m. <u>/</u>			
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.) <u>/</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>/</u>
21. I attended the deceased from <u>November 3, 1953</u> to <u>April 8, 1958</u> and last saw her/him alive on <u>April 8, 1958</u> Death occurred at <u>11:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George K. Landis M. D.</u>		22b. ADDRESS <u>1103 Grand Ave. K. C. 6, Mo.</u>	22c. DATE SIGNED <u>4/9/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>April 10 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Springburg Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Springburg, Kansas</u>
24. FUNERAL DIRECTOR <u>Hilko Funeral Home 2315 Penwood</u>		25. DATE RECD. BY LOCAL REG. <u>4-9-58</u>	26. REGISTRAR'S SIGNATURE <u>Beval Marshall</u>

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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 *Chas. J. Wicks*

Licensed Embalmer No. *2644*

P. O. Address *R. C. M. O.*

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.