THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021831
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2958

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside — Length of stay in Hospital 5 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1004 W. Linden — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Harry Middle George Last Card

4. DATE OF DEATH: Month 6 Day 12 Year 58

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 30, 1898
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 15 yrs Retired. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Installer
11. BIRTHPLACE (City and state or country): So. Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Filbert Card
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Davita Card

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-09-1350
17. INFORMANT: Raymond Card, Address 1927 Harden, Indep. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic carcinoma — 1 yr.
DUE TO (c) Adenocarcinoma of urinary bladder — 3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dr. 10
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June 6, 1958 to June 12, 1958 and last saw him alive on June 11, 1958
Death occurred at 2:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. M. Mauk Jr. (Degree or title) M.D.
22b. ADDRESS 5745 Blue Ridge, KC, 33 Mo.
22c. DATE SIGNED 6-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 14-58
23c. NAME OF CEMETERY OR CREMATORY: Mound Grove
23d. LOCATION (City, town, or county) (State): Independence, Missouri

24. FUNERAL DIRECTOR: Speaks Funeral Home — ADDRESS: Indep. Mo.
25. DATE RECD. BY LOCAL REG.: 6-12-58
26. REGISTRAR'S SIGNATURE: Mae Minsdall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

J. M. Mauk Jr.

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.