. Health,
& Welfare
. Public
h Service

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FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-025534
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3418

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. — Length of stay in 1b 20 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2601 Bales (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mic Heal Middle: Last: Harris
4. DATE OF DEATH Month Day Year: 7-11-1958
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 14, 1938
9. AGE (In years last birthday): 20 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Diaper Co
11. BIRTHPLACE (City and state or country): Kansas City, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Fred Harris
13b. MOTHER'S MAIDEN NAME: Oletha Kind
14. NAME OF HUSBAND OR WIFE: Rosetta Harris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: Rosetta Harris — Address: 2621 E. 28th

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) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Left Hemothorax
DUE TO (c) Gunshot Wound of Neck Penetrating Left Lung
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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Resisting an officer
20c. TIME OF INJURY Hour 10:30 p.m. Month, Day, Year 7/14/1958
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.) 501 Wyandotte
20f. CITY, TOWN, OR LOCATION: Kansas City — COUNTY: Jackson — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. M. Tillman M.D. Deputy Coroner
22b. ADDRESS: 618 Lydia Ave
22c. DATE SIGNED: 7/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/19/58
23c. NAME OF CEMETERY OR CREMATORY: Blue Ridge Lawn
23d. LOCATION (City, town, or county) (State): K.C. Mo
24. FUNERAL DIRECTOR: Brigham & Jones — ADDRESS: 18th & Park
25. DATE RECD. BY LOCAL REG.: 7-14-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

L. M. Tillman

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 Lawrence A. Jones

Licensed Embalmer No. 4429

P. O. Address 23006 18

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.