

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029117
STATE FILE NUMBER 3770

FILED AUG 20 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

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) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 3600
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 12 YEARS	d. STREET ADDRESS (If outside, give location) 3616 EAST 43 RD STREET

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: R. Last: HARRIS JR.			4. DATE OF DEATH Month: AUGUST Day: 5 Year: 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 2 1924	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WILLIAM HARRIS		13b. MOTHER'S MAIDEN NAME STELLA TERRY		14. NAME OF HUSBAND OR WIFE MRS. NORMA JEAN HARRIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-28-9668	17. INFORMANT Address: MRS. NORMA JEAN HARRIS 3616 EAST 43 RD ST. KANSAS CITY, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Broncho-pneumonia - Terminal</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Acute Congestive Heart Failure</i>	<i>2 months</i>
	DUE TO (c) <i>Rheumatic aortic & Mitral Valve Stenosis</i>	<i>2 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Acute Infectious Hepatitis 4 1/2</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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 <i>9-9-57</i> to <i>8-5-58</i> and last saw him alive on <i>8-5-58</i> . Death occurred at <i>9:45 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Graham Asher MD</i>	(Degree or title) D	22b. ADDRESS <i>1220 Professional Bldg Kansas City 5-140</i>	22c. DATE SIGNED <i>8-5-1958</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG-6-1958	23c. NAME OF CEMETERY OR CREMATORY LILLIE RIDGE CEMETERY	23d. LOCATION (City, town, or county) (State) GAINESVILLE MISSOURI

24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS</i>	ADDRESS <i>1331 BUSH CREEK KANSAS CITY, MO.</i>	25. DATE RECD. BY LOCAL REG. <i>8-6-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Graham Asher

doctor, coroner, etc.; most use only standard nomenclature in item 16. No symptoms with be listed. 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. Brauer

Licensed Embalmer No. *4931*

P. O. Address *Keemo*

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.