Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001323

STATE FILE NUMBER 165

FILED JAN 28 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City. Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5616 Prospect Length of stay in 1b 30 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 5616 Prospect. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CLARENCE Middle W. Last HARRIS
4. DATE OF DEATH Month 1 Day 8 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov. 13. 1902
9. AGE Last birthday 56 years 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) COOK
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ARKANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN M. HARRIS
13b. MOTHER'S MAIDEN NAME MAUDE V. TATE
14. NAME OF ~~HUSBAND~~ OR WIFE MRS. EVADNE HARRIS
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. 565-12-5595
17. INFORMANT MRS. EVADNE HARRIS Address 5616 PROSPECT AVE. KANSAS CITY, 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) Bullet Wound of Head — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) — 5976 X
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.) Apparently Self Inflicted
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 1-8-59
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.) Home
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 10:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 1034 Realty Bldg
22c. DATE SIGNED 1-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN-10-1959
23c. NAME OF CEMETERY OR ~~CREMATORY~~ MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 1-10-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Hugh H. Owens USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Earl V. Haney

Licensed Embalmer No. 4724

P. O. Address K.C., 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.