

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001326

STATE FILE NUMBER

FILED JAN 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 43

300
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before death) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u> <u>2156</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Lukes Hosp.</u>		Length of stay in lb <u>55 days</u>	d. STREET ADDRESS <u>2211 Wood</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Andrew Harvey</u>			4. DATE OF DEATH Month Day Year <u>1/2/59</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4/3/1893</u>
9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Angola Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>John T. Harvey</u>	
13b. MOTHER'S MAIDEN NAME <u>Lilly Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>Lrs. Amanda Harvey</u> <u>Home K.C.K.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes 1917-1</u>	16. SOCIAL SECURITY NO. <u>510-07-3652</u>	17. INFORMANT <u>Wife Mrs. Amanda Harvey Home</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>Carcinoma of Pancreas</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 1953</u> to <u>Jan 1959</u> and last saw her alive on <u>Jan 1-1959</u> Death occurred at <u>June 1959</u> <u>12:10 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. Dean Williams M.D.</u>	22b. ADDRESS <u>305 W 43 K.C. Mo</u>	22c. DATE SIGNED <u>1/2/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/5/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Wyandotte County, Kansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Ralph Fulton, Kansas City, Ks.</u>	25. DATE RECD. BY LOCAL REG. <u>1-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Irene Minshall</u>	

All diseases in Part I must be causally related.

WILLIAMS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

305 W 43 -JE 1-47777

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 *Ralph H. Finkton*

Licensed Embalmer No. *3035*

P. O. Address *K.P.K.*

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.