Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006034

STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 146 Primary Registration District No. 5570 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Buckner, Rt/ 1 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Daughter's home — Length of stay in 1b 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Buckner — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS none (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Laura Middle C. Last Harra

4. DATE OF DEATH Month Feb. Day 8, Year 1959

5. SEX female

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH June 17, 1896

9. AGE (In years last birthday) 62 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) near Buckner, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ezra Cole

13b. MOTHER'S MAIDEN NAME Minnie Surface

14. NAME OF HUSBAND OR WIFE Roy Harra

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. 492-12-5514

17. INFORMANT Address Mrs. Wilma Karm, Buckner, Mo.Rt. 1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac & Respiratory Depression	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive Heart Failure	2 yrs
DUE TO (c)	Fatty Degeneration of Liver; Diabetes	2 1/2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5810

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 Feb 7, 1959, to Feb 8, and last saw her alive on Feb 7
Death occurred at Feb 8, 1959 3:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James H. Via (Degree or title) DO

22b. ADDRESS Blue Springs, MO

22c. DATE SIGNED Feb 9, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 10, 1959

23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery

23d. LOCATION (City, town, or county) (State) Buckner, Missouri

24. FUNERAL DIRECTOR Hazel H. Reppert — ADDRESS Buckner, Mo.

25. DATE RECD. BY LOCAL REG. 2-18-59

26. REGISTRAR'S SIGNATURE Denver Glass

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1959

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 O Jones

Licensed Embalmer No. 4604

P. O. Address Odessa, 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.