

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029108

FILED VS SEP 1 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3960 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE KANSAS		b. COUNTY JOHNSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOBB.		Length of stay in 1b 5 DAYS		c. CITY OR TOWN OVERLAND PARK		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7215 WEST 89th STREET		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Norton		Middle W		Last Harris		Month AUG 14 , Year 1959	
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 9 19 1885	9. AGE (last birthday) 73 yrs		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ACCOUNTANT FOR JOHN		10b. KIND OF BUSINESS OR INDUSTRY DEERE CO.		11. BIRTHPLACE (City and state or country) BOONE CO. MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME BARNA HARRIS			13b. MOTHER'S MAIDEN NAME SARAH E. NORTON			14. NAME OF HUSBAND OR WIFE VIRGINIA E. 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. 486 10 3502		17. INFORMANT Address VIRGINIA E. HARRIS 7215 W. 89th st.			
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), Circulatory failure (shock)						8 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Surgery for peritonitis (infection)						72 hours	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Auricular (cardiac) flutter - A.V. block						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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		Month, Day, Year					
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 Aug 9, 1959 to Aug 14, 1959 and last saw him/her alive on Aug 13, 1959 . Death occurred at 3:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Donald J. Smith, M.D.				22b. ADDRESS 8023 Santa Fe Dr Overland Park 16		22c. DATE SIGNED 8/14/59	
23a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		23b. DATE AUG 16, 1959		23c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEM		23d. LOCATION (City, town, or county) (State) TULSA, OKLA.	
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 8-15-59		26. REGISTRAR'S SIGNATURE Neva Minshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Donald J. Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Komer W. Tolson

Licensed Embalmer No. 4889

P. O. Address D. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.