# URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-032470
STATE FILE NUMBER

FILED VS SEP 23 1959 149 Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4323

NDED

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jackson |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 14 years | c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Research Hospital — Inside Limits Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location) 2821 E 33st. — Reside on Farm Yes ☐ No ☒ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First HAROLD Middle E. Last MAIN | | 4. DATE OF DEATH Month September Day 6, Year 1959 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH MAY-6-1917 |
| 9. AGE (last birthday) 42 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER | 10b. KIND OF BUSINESS OR INDUSTRY SELF | 11. BIRTHPLACE (City and state or country) BUCKLIN, MO | 12. CITIZEN OF WHAT COUNTRY U.S. |
| 13a. FATHER'S NAME CHAS. MAIN | 13b. MOTHER'S MAIDEN NAME JENNIE YATES. | 14. NAME OF HUSBAND OR WIFE — | |
| 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. — | 17. INFORMANT Mrs Jennie Main Address 2821 E 33 | |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Kumulated Wilson Disease — 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)

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1953, to Sept 6, 1959 and last saw him alive on Sept 5, 1959

Death occurred at 3 Am. m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | |
|---|---|---|---|
| 22a. SIGNATURE (Degree or title) Don A. Black M.D. | 22b. ADDRESS 924 Prof-Bldg. | 22c. DATE SIGNED 9/6/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 9-7-59 | 23c. NAME OF CEMETERY OR CREMATORY Masonic Cem | 23d. LOCATION (City, town, or county) (State) BUCKLIN, MO |
| 24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley- Eylar 1800 Linwood | 25. DATE RECD. BY LOCAL REG. 9-6-59 | 26. REGISTRAR'S SIGNATURE Neva Marshall | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Don A. Black

**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 James E. Hackle

Licensed Embalmer No. 4573

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure [illegible] 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.