URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-040090

STATE FILE NUMBER

IENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5598

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 45 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERN HOSPITAL — Inside Limits Yes ☒ No ☐

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) 6828 Rockhill Road — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NINA Middle C Last HARPOLE
4. DATE OF DEATH Month NOV. Day 14 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-14-89
9. AGE (last birthday) 69
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Parsons, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Ida (Unknown)
14. NAME OF HUSBAND OR WIFE Howard D. Harpole
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. none
17. INFORMANT Howard D. Harpole Address 6828 Rockhill Rd K.C.Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Urinary bladder hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute thrombocytopenic purpura — 3 weeks
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 April 28, '51 to Nov. 19, '59 and last saw (her) him alive on Nov 18, '59
Death occurred at 8:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Donald J. Smith (Degree or title) MD
22b. ADDRESS 8023 Santa Fe Dr Overland Park Kans
22c. DATE SIGNED 11-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-21-59
23c. NAME OF CEMETERY OR CREMATORY Forest Hill
23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR MELLODY McGILLEY EYLAR FUNERAL HOME ADDRESS ~~1800 EAST LINWOOD KANSAS CITY, MO.~~
25. DATE RECD. BY LOCAL REG. 11-20-59
26. REGISTRAR'S SIGNATURE Neva Minshall
(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Donald J. Smith

Dr. Don Smith
8023 Santa Fe
Avula
Mi 2-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E C Gibson
Signature of Student Embalmer

Licensed Embalmer No. 4137

P. O. Address [illegible]

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