

**FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 16 1959

'59 0 4 3 6 7 5

STATE FILE NUMBER

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NORTH KANSAS CITY</u>		Length of stay in 1b <u>12 DAYS</u>	c. CITY OR TOWN <u>KANSAS CITY</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>MEMORIAL HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>200 E 79<sup>th</sup> Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>DAN</u> Middle <u>E.</u> Last <u>HARIAN</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>9</u> Year <u>1959</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>6-23-1895</u>	9. AGE (last birthday) <u>64</u>	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) <u>FIREMAN KANSAS CITY POWER &amp; LIGHT CO</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LEAVEN WORTH, KS</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Jesse Glenn HARIAN</u>	13b. MOTHER'S MAIDEN NAME <u>Abbie STORES</u>	14. NAME OF HUSBAND OR WIFE <u>NORA HARIAN</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-01-0714</u>	17. INFORMANT <u>DAN G HARIAN 1425 GLEN K.C.K.</u>
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78. 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 <u>6 hr</u>
IMMEDIATE CAUSE (a) <u>Intracerebral Hemorrhage, left</u>	DUE TO (b) <u>Infection left Cerebral Hemisphere</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <u>Thrombosis &amp; arteriosclerosis</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>		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	
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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 _____ a.m. _____ p.m. 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 1959 to Dec 1959 and last saw him alive on 12-9-59  
Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Volunt W Spede M.D.</u>	22b. ADDRESS <u>319 Gorman Road KC Mo</u>	22c. DATE SIGNED <u>12-9-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MUNICIE CEM</u>	23d. LOCATION (City, town, or county) (State) <u>LANSING KANSAS</u>

24. FUNERAL DIRECTOR <u>D.W. Newcomer</u>	ADDRESS <u>24 N. K.C. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-11-59</u>	26. REGISTRAR'S SIGNATURE <u>Marquerite Hudgens</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10-2-1951  
 24. 47401-10-11  
 2000000-10-11  
 10-1-1951  
 10-1-1951

**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 John V. Herrick, Jr.  
 Licensed Embalmer No. 4848  
 P. O. Address K-6-17

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.