

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 3 0 1959

'59 0 4 4 1 9 0

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6057 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> | | Length of stay in 1b <u>13 YRS</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>WYNN REST HOME</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1017 EAST 19th ST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|--|---------------------------|--|
| 3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>L</u> Last <u>HARRIS</u> | | | 4. DATE OF DEATH Month <u>12</u> Day <u>12</u> Year <u>59</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>16-16-77</u> | 9. AGE (last birthday) <u>82 Yrs</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CHEMICAL CO.</u> | | 11. BIRTHPLACE (City and state or country) <u>SHEFFIELD, ALA.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>CHARLES HARRIS</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>WELFARE RECORD K.C. Mo.</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>-</u> | | 17. INFORMANT Address <u>WELFARE RECORD K.C. Mo.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH |
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| 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 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 12-9-59 to 12-12-59 and last saw her alive on 12-11-59
 Death occurred at 2:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>W. Bryan M.D.</u> (Degree or title) | 22b. ADDRESS <u>2122 E 12th St</u> | 22c. DATE SIGNED <u>12-15-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Autopsy 12-16-59</u> | 23b. DATE <u>12-16-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>K.C. College of Detectives</u> |
| 23d. LOCATION (City, town, or county) <u>KANSAS CITY, MO</u> | 23e. (State) | 24. FUNERAL DIRECTOR <u>LAWRENCE JONES FUNERAL HOME</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>12-16-59</u> | 25. DATE RECD. BY LOCAL REG. <u>12-16-59</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Minshel</u> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Bryan

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 W. Ballard B. Pasch

Licensed Embalmer No. 5013

P. O. Address K.C., 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.