

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001596

FILED VS FEB 4 1960 149

403 STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>6 Months</b>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Brookside Hotel</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5401 Brookside Blvd.</b>	
3. NAME OF DECEASED (Type or print) First <b>Dora</b> Middle <b>Lynn</b> Last <b>Harrison</b>			4. DATE OF DEATH Month <b>1</b> Day <b>23</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>Married</b>	8. DATE OF BIRTH <b>July 19 1881</b>	9. AGE (last birthday) <b>68 78</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Newton Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>Joe Lynn</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Phillips</b>		14. NAME OF HUSBAND OR WIFE <b>William R Harrison</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Brookside Hotel</b> Address <b>Kansas City</b> <b>Mr. William R. Harrison</b> <b>Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>General Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Abdominal Malignancy</b> DUE TO (c) <b>10 Mos.</b> INTERVAL BETWEEN ONSET AND DEATH <b>8 Mos.</b>					
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>Nov 25 59</b> to <b>Jan 23, 1960</b> and last saw her alive on <b>Jan 22, 1960</b> Death occurred at <b>12:40 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Gordon P. Barnett M.D.</b>			22b. ADDRESS <b>751 E 63rd St</b>		22c. DATE SIGNED <b>Jan 24 1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1/24/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		23d. LOCATION (City, town, or county) <b>Newton Kansas</b>
24. FUNERAL DIRECTOR ADDRESS <b>D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>1-24-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Trinchall</b>	

DOCUMENT

BY AFFIDAVIT OF  
Gordon P. Barnett MEDICAL CERTIFICATION

2000 10000 100000

no. of ...  
no. of ...  
no. of ...

no. of ...  
no. of ...  
no. of ...  
no. of ...

2000  
10000  
100000

Signature of Licensed Embalmer

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Robert T. Fuller*

Licensed Embalmer No. 4818  
P. O. Address KC MO

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

2000

100000