

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-006318**

FILED VS MAR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1196 STATE FILE NUMBER

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>             |  | Length of stay in 1b<br><b>60 yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>5505 Harrison</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>5505 Harrison</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Ida</b> Middle <b>Ann</b> Last <b>Harper</b> | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>26,</b> Year <b>1960</b> |
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|----------------------|-------------------------------|---|--------------------------------------|----------------------------------|---|------------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Dec. 1, 1877</b> | 9. AGE (last birthday) <b>82</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR<br>Hours Min. |
|----------------------|-------------------------------|---|--------------------------------------|----------------------------------|---|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Fulton, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |
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| 13a. FATHER'S NAME<br><b>Isaac Steel</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>James M. Harper</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT <input checked="" type="checkbox"/><br><b>James W. Harper, Kansas City, Mo.</b> Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardio Failure</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 minutes?</u><br><u>15 minutes</u><br><u>Over 5 hrs</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Coronary Occlusion</u>             |  |
|  | DUE TO (c) <u>arteriosclerotic heart disease</u> |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Due to Hypertension &amp; Generalized arteriosclerosis</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.           | Month, Day, Year  |  |

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| 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 |
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21. I attended the deceased from 4-16-1959 to 2-26-60 and last saw her alive on 2-22-60  
Death occurred at About 2:00 am 2/26/60 on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE<br><i>Myron Auld, Jr.</i> (Degree or title) | 22b. ADDRESS<br><u>3504 Trochave</u> | 22c. DATE SIGNED<br><u>2/26/60</u> |
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| 23a. BURIAL / CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>2-26-60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Floral Hills</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Stine &amp; McClure, Kansas City, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><u>2-29-60</u> | 26. REGISTRAR'S SIGNATURE<br><i>Neva Marshall</i> |
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DOCUMENT BY AFFIDAVIT OF Myron Auld, Jr. - MEDICAL CERTIFICATION

**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 Orvil Roberts

Licensed Embalmer No. 4232

P. O. Address K. C. Mo

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