

**R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-010984**

**FILED VS MAR 23 1960**

199

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

**1352**

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>				<b>2. USUAL RESIDENCE</b> (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>38 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4029 E. 68th.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>Nolan Andrew Harper</b>				<b>4. DATE OF DEATH</b> Month Day Year <b>March 3, 1960</b>				
<b>5. SEX</b> male	<b>6. COLOR OR RACE</b> white	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>4-6-21</b>	<b>9. AGE</b> (last birthday) <b>38</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Audit Clerk</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Gerster, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>		
<b>13a. FATHER'S NAME</b> <b>Richard Harper</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Matilda Stark</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Nellie Harper</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2			<b>16. SOCIAL SECURITY NO.</b> <b>500 16 3408</b>		<b>17. INFORMANT</b> Address <b>Nellie Harper-4029 E. 68th. K.C., Mo.</b> <b>VA Hospital records Kansas City, Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>pulmonary congestion and edema</b> DUE TO (b) <b>cor pulmonale, cardiac failure</b> DUE TO (c) <b>emphysema; post-pneumonectomy</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
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"/> N. <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.	Month, Day, Year							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>	
<b>21</b> VA attended the deceased from <b>2-25-60</b> to <b>3-3-60</b> <del>XXXXXXXXXXXX</del> Death occurred at <b>1:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (Degree or title) <i>J. Turner</i>				<b>22b. ADDRESS</b> <b>M.D. VA Hospital Kansas City, Mo.</b>		<b>22c. DATE SIGNED</b> <b>3-4-60</b>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>23b. DATE</b> <b>3/7/1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Corinth Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Leawood Kansas</b>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>D.W. Newcomers Sons 1331 Brush Creek Blvd.</b> <b>Kansas City Missouri</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>3-7-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Oliver Minshall</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. Turner

**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

*Roger T. Fuller*

Licensed Embalmer No. 4818

P. O. Address K.C. Mo.

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