

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAY 18 1960

=60-019760

STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 13

UNDECEASED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grandview		Length of stay in 1b 19 months	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grandview Restorium 1412 Shelton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3216 East 31st. St.	
3. NAME OF DECEASED (Type or print) First NETTIE Middle E. Last HARRIES			4. DATE OF DEATH Month 5 Day 12 Year 60		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-30-75	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Willows Hospital	11. BIRTHPLACE (City and state or country) Towanda, Pennsylvania		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Harries		13b. MOTHER'S MAIDEN NAME Elizabeth Ann Dean		14. NAME OF HUSBAND OR WIFE William Stricklett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-03-7955	17. INFORMANT Address Hickman Mills Mrs. Nettie H. Whiteside: 11815 Oakle		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, spontaneous					INTERVAL BETWEEN ONSET AND DEATH 30 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Debility					2 yrs.
DUE TO (c) Generalized arteriosclerosis					20 yrs.
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 <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 Month, Day, Year a.m. p.m.					
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 July 1, 1959 to May 12, 1960 and last saw her/him alive on May 12, 1960 Death occurred at 7:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Boyd L Harris M.D.			22b. ADDRESS Grandview, Mo.		22c. DATE SIGNED 5-13-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-60	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS Weilert Funeral Homes (S) K.C., Mo.			25. DATE RECD. BY LOCAL REG. 5/13/1960 26. REGISTRAR'S SIGNATURE <i>Perley E. Daddley</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

