

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029957

FILED VS AUG 17 1960

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 124

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>	Length of stay in 1b <u>11 days</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NKC Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>4829 N. WABASH</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Pearl</u> Middle <u>B</u> Last <u>Harrison</u>			4. DATE OF DEATH Month <u>August</u> Day <u>8</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-9-88</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Rushville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>William Bunter</u>		13b. MOTHER'S MAIDEN NAME <u>AITA MARIATT</u>		14. NAME OF HUSBAND OR WIFE <u>George T. HARRISON</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>497-28-5170</u>		17. INFORMANT <u>George T. HARRISON 4829 N. WABASH</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Bronchopneumonia</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebrovascular accident</u>	
	DUE TO (c) <u>Fractured right hip</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH by not related to the terminal disease condition given in PART I (e) <u>Adynamic ileus</u>		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

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 <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u> / <u> </u> / <u> </u>		
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 August 3, 1960 to August 8, 1960 and last saw her alive on 8-8-60
Death occurred at 3:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>L.M. Roberts, MD</u> (Degree or title)		22b. ADDRESS <u>1906 Erie North Kansas City, Mo</u>		22c. DATE SIGNED <u>8-8-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>8-8-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ATCHISON, KANSAS</u>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>W. Vancomin Sons N.K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-8-60</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John H. Kalsbeek

Licensed Embalmer No. 4949
P. O. Address No. Kanda

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.