

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029307

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4029 STATE FILE NUMBER

FILED AUG 31 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>	Length of stay in lb <u>50 yrs.</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>General Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1122 E. 19th</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Harris</u> Last <u>Harris</u>		4. DATE OF DEATH Month <u>8</u> Day <u>10</u> Year <u>61</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-31-1873</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Mt. Vernon, New York</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>Dallas Harris</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Maida Harris</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>unknown</u>	17. INFORMANT <u>Margaret Brown</u> Address <u>1122 E. 19th.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Massive pulmonary emboli with infarction in right lung from mural thrombi of right atrium and apex of right ventricle

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) myocardial infarction

DUE TO (c)

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>	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 8-8-61 to 8-10-61 and last saw him alive on 8-10-61
Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>2400 McCoy</u>	22c. DATE SIGNED <u>8-11-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-17-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>
23d. LOCATION (City, town or county) <u>Kansas City, Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home 18th & Benton</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
---	---------	--	---

DATE AMENDED: 8/10/62
 INSTEAD OF: pulmonary emboli in (pulmonary embolism, myocardial infarction, etc.)
 DOCUMENT: attending physician
 ITEM NO. SHOULD READ: 18ab pulmonary emboli with infarct in (pulmonary embolism, myocardial infarction, etc.)
 18c

BY AFFIDAVIT OF Frank Ellis MEDICAL CERTIFICATION

1152
29

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bruce R. Watkins

Licensed Embalmer No. 1500

P. O. Address 15th & Bee

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.