

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037194

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 5126

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) C-8 LAKE LOTAWONA Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
HARRY SEARLE
 4. DATE OF DEATH Month Day Year
OCTOBER 12th 1961
 5. SEX MALE
 6. COLOR OR RACE CAUCASIAN
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3-18-75
 9. AGE (last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DRUGGIST
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) MURRAY, IOWA
 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME C. B. Searle
 13b. MOTHER'S MAIDEN NAME Elizabeth Tenny
 14. NAME OF HUSBAND OR WIFE Laura Walsh Searle

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. NONE
 17. INFORMANT Address H. WALLACE SEARLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Peripheral circulatory collapse INTERVAL BETWEEN ONSET AND DEATH 48 Hours
 DUE TO (b) Senility and Arteriosclerosis SEVERAL YEARS
 DUE TO (c) Fracture, simple, LEFT FEMUR 12 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 9-30-61 to 10-12-61 and last saw him alive on 10-11-61.
 Death occurred at 5:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. R. Geagan D.O.
 22b. ADDRESS 505 SHUKERT BLDG. K.C. Mo.
 22c. DATE SIGNED 10-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
 23b. DATE 10-14-61
 23c. NAME OF CEMETERY OR CREMATORY PILL TOWN CEMETERY
 23d. LOCATION (City, town, or county) (State) BRISTOW, IOWA
 24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo ADDRESS 1331 Brush Creek Blvd
 25. DATE RECD. BY LOCAL REG. 10-14-61
 26. REGISTRAR'S SIGNATURE Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF W. E. R. Geagan

ITEM NO. SHOULD READ

Seale

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 Geneb. Michael

Licensed Embalmer No. 4340

P. O. Address F.C., Sw.

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.