

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044742

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6532

STATE FILE NUMBER

FILED JAN 15 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri	b. COUNTY Jackson
Length of stay in 1b 11 yrs.		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 Malotte Nursing Home 3217 Cleveland		d. STREET ADDRESS (If outside, give location) 521 East 9th. St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First SAMUEL	Middle T.	Last HARPER	4. DATE OF DEATH	Month 12	Day 24	Year 61
-------------------------------------	------------------------	---------------------	-----------------------	------------------	--------------------	------------------	-------------------

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-2-77	9. AGE (last birthday) 84	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) Misc. Jobs.	10b. KIND OF BUSINESS OR INDUSTRY Misc. Jobs	11. BIRTHPLACE (City and state or country) DeSoto, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	--

13a. FATHER'S NAME "unknown"	13b. MOTHER'S MAIDEN NAME "unknown"	14. NAME OF HUSBAND OR WIFE Mae Wells Harper
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American	16. SOCIAL SECURITY NO. None	17. INFORMANT Records: Jackson County Welfare	Address K.C., Mo.
---	--	---	-----------------------------

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) Cerebral Hemorrhage	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis	12 years
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. <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 a.m. p.m.	Month, Day, Year
---	------------------

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 **6-1-56** to **12-24-61** and last saw him alive on **12-24-61**
Death occurred at **10:30 p. 9:23 PM** the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Frank Paul Laurens (Degree or title)	22b. ADDRESS 428 50w hite cove	22c. DATE SIGNED 12-24-61
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical	23b. DATE 12-27-61	23c. NAME OF CEMETERY OR CREMATORY University of Kansas City School of Dentistry	23d. LOCATION (City, town, or county) Kansas City, Missouri
--	------------------------------	--	---

24. FUNERAL DIRECTOR Weilert's: 2332 Moniter Place, K.C., Mo.	25. DATE RECD. BY LOCAL REG. 12-28-61	26. REGISTAR'S SIGNATURE Ruth Long
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurens, M.D. MEDICAL CERTIFICATION

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 Forest J. Goldsnew

Licensed Embalmer No. 4714

P. O. Address K. C. Mo.

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.