

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011019

STATE FILE NUMBER

Registration District No. 449 Primary Registration District No. 1002 Registrar's No. 1238

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 19 1962

VS 300
Rev. 4/59

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DATE AMENDED

3-6-62
3-6-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Cathryn married-widowed.
Cathryn married

DOCUMENT

BY AFFIDAVIT OF Funeral Home

MEDICAL CERTIFICATION

A. Staggs

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

3 Catherine
7 married

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 Knasas City		Length of stay in 1b 35 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 St. Mary's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3111 Poplar Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Violet Middle CATHERINE Last Harris		4. DATE OF DEATH Month 3 Day 2 Year 62	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-10-1904
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months 1 Days 1 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Observer		10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	11. BIRTHPLACE (City and state or country) Erie Kansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Anthony Welch	
13b. MOTHER'S MAIDEN NAME Nora Yowman		14. NAME OF HUSBAND OR WIFE William Joseph Harris	
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. [REDACTED]	17. INFORMANT Wm. Harris 3111 Poplar Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia DUE TO (b) Care of bladder with jelena DUE TO (c) Stomach Uteral abct - Hemis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 wch. 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular Dis.			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 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 3:30 A Month, Day, Year 6-3-61			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 3-2-62	COUNTY KC Mo STATE Mo
21. I attended the deceased from 6-3-61 to 3-2-62 and last saw her 3-1-62 alive on 3-1-62 Death occurred at 3:30 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. Staggs M.D.		22b. ADDRESS 1030 Angl KC Mo	22c. DATE SIGNED 3-2-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-5-62	23c. NAME OF CEMETERY OR CREMATORY Calvery Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR Sheil Funeral Home		ADDRESS K. C. Missouri	25. DATE RECD. BY LOCAL REG. 3-2-62
			26. REGISTRAR'S SIGNATURE Ruth Long

Handwritten notes in the top right corner, including the name "John P. Sheel" and the number "5070".

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 John P. Sheel

Licensed Embalmer No. 5070

P. O. Address H.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.