MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031030

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3991

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 8 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 11711 E. 45th. Terrace — 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) 11711 E. 45th. Terrace — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Loubelle Middle Pearl Last Harrington

4. DATE OF DEATH Month 8 Day 2 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8/16/1882
9. AGE (last birthday) 79 — 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) housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Garden City, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Franklin D. Lusby
13b. MOTHER'S MAIDEN NAME Elizabeth E. Halcomb
14. NAME OF HUSBAND OR WIFE Charles L. Harrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Thelma M. Stoll Address 11711 E. 45th. Terrace K. C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bowel Hemorrhage — 2 hours
DUE TO (c) Carcinoma Head of Pacrease — 3 Month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis + obstructive jaundice
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 5-19-62, to 8-2-62 and last saw her alive on 8-2-62
Death occurred at 10:58 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James E. Williams D.O.
22b. ADDRESS 4219 Blue Ridge K.C. Mo
22c. DATE SIGNED 8-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/5/1962
23c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery
23d. LOCATION (City, town, or county) (State) Garden City, Missouri

24. FUNERAL DIRECTOR Atkinson-Dickey ADDRESS Garden City, Mo.
25. DATE RECD. BY LOCAL REG. 8-3-62
26. REGISTRAR'S SIGNATURE Ruth Long

James E. Williams MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Billy J. Clisby

Signature of Student Embalmer

Licensed Embalmer No. 4685

P. O. Address Gardner City, 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.