

STANDARD CERTIFICATE OF DEATH

State File No. **42814**

No. 300
10.48

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5727

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>12 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3532 Cleveland Indiana</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>3532 Cleveland Indiana</u>	
3. NAME OF DECEASED a. (First) <u>Harvey</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Clary</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7 1953</u>	
5. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>	6. COLOR OR RACE W <input checked="" type="checkbox"/>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 23 1890</u>
9. AGE (In years last birthday) <u>63</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinest</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Aircraft</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Bedford, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James E. Clary</u>		13b. MOTHER'S MAIDEN NAME <u>Alison</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence E. Clary</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes, give war or dates of service) No <input checked="" type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X	
16. SOCIAL SECURITY NO. <u>513-03-6007</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>F. E. Clary 3532 Cleveland K.C.MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. * means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrular Calapsa</u> ANTECEDENT CAUSES <u>Carcinoma of Stomach</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>7-28-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adens Carcinoma of Stomach with Metastases</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>24hr</u> <u>151X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-18</u>, 19<u>53</u>, to <u>12-5</u>, 19<u>53</u> that I last saw the deceased alive on <u>12-5</u>, 19<u>53</u> and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above. 			
23a. SIGNATURE <u>S. S. Tarson</u> (Degree or title)		23b. ADDRESS <u>3221 North K. Mo 12-8-53</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9 Dec. 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Floral Hills Memorial Chapels K.C.Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-9-53</u>		REGISTRAR'S SIGNATURE <u>Geralline Smith</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

COPIES DESTROYED

RECEIVED 1931

Dr. T. J. SUM

~~5331~~ TRUST 837 W. Hoagery

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
Student Embalmer

Signed *Lloyd C. McCord*

Licensed Embalmer No. 4853

P. O. Address 713 W. O.

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 this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 42814
Local Registrar's No. 5777

State of Missouri }
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of December, 1953, before me appears

Mrs. F. E. Clary, who, upon her oath, states that the original record of ~~birth~~ death

for Harvey Edgar Clary, died 12-7, 1953, in the State of Missouri, and which was filed at Kansas City on 12-9, 1953, should be corrected as follows:

Item No. 1d should read 3532 Indiana
Instead of 3532 Cleveland

Item No. 2d should read 3532 Indiana
Instead of 3532 Cleveland

Item No. 13b should read Amy E. Allison
Instead of Amy E. Allen

Item No. 17 should read F. E. Clary, 3532 Indiana, K. C. Mo.
Instead of F. E. Clary, 3532 Cleveland, K. C. Mo.

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs F. E. Clary Wife
3532 Indiana K. C. Mo.
Present Address.

Subscribed and sworn to before me this 21st day of December, 1953.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

