

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1397

State File No.

BIRTH NO. 2284-51 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) Independence
c. LENGTH OF STAY (In this place) 18 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City (Parents) 3938
d. STREET ADDRESS (If rural, give location) 2000 E. 82nd. St. Ter. 1

3. NAME OF DECEASED
a. (First) Gary Wayne b. (Middle) Wayne c. (Last) Harper

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 21 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Jan. 20, 1951

9. AGE (In years last birthday) 0 0 0 18 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Independence, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John S. Harper

13b. MOTHER'S MAIDEN NAME Barbara Harvey

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME John S. Harper ADDRESS Kansas City, Missouri

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary congestion and edema
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease (Patent)
DUE TO (c) arteriosclerosis with calcification of the aorta.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH
18 hrs.
7541

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1951, to Jan 21, 1951, that I last saw the deceased alive on Jan 21, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE James G. Carson M.D. (Degree or title)

23b. ADDRESS 503-1st Natl Bank Bldg., Independence, Mo.

23c. DATE SIGNED 1-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 1-23-1951

24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM.

24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

DATE REC'D BY LOCAL REG. Jan 22-1951

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS GEORGE C. CARSON INDEPENDENCE, MISSOURI.

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

JAN 31 RECD

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 *Harold E. Hoedel*

Licensed Embalmer No. *4609*

P. O. Address *Independence, 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 this body is not embalmed, fact should be so stated above.