

FILED NOV 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 433626
4584

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Butter</u>	
c. LENGTH OF STAY (In this place) <u>26 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Caleb</u>		b. (Middle) <u>K.</u>		c. (Last) <u>Harper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27-1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 23-1884</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Bates Co. Mo</u>	
						12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Thomas Harper</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Chambers</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle H. Harper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mariam O'Neill</u> ADDRESS <u>1020 E. 76th St.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock, severe, acute</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <u>Mediocrinitis, acute, severe</u>					
		DUE TO (c) <u>Esophago-gastric anastomosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>for chronic esophagitis with stricture complete</u>				5391	

19a. DATE OF OPERATION <u>10/23/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronic esophagitis with stricture and ulcer</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 October 1, 1951, to 27 Oct, 1951, that I last saw the deceased alive on 26 Oct, 1951, and that death occurred at 4:51 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Mayer Jr.</u> (Degree or title) <u>M.D.C.</u>		23b. ADDRESS <u>618 Prof Bldg KCMo</u>		23c. DATE SIGNED <u>10/27/51</u>	
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24a. BURIAL-CREMA-TION (REMOVED) (Specify) <u>Burial</u>		24b. DATE <u>Oct 29-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Butter Mo</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>10-28-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederic L. Keady</u> ADDRESS <u>Indep. Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1951

NOV 16 1951

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 *Dwight L. Kepley*

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.