

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11529

State File No. ....

FILED MAY 10 1954

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>3013</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>12 YRS</u>		c. CITY OR TOWN <u>NORTH KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2011 FAYETTE</u>				e. STREET ADDRESS (If rural, give location) <u>2011 Fayette 600/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>E</u> c. (Last) <u>HARPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-54</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 28 1879</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>C, B &amp; O Ry. Way</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway CAR Insp.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TORONTO CANADA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Richard HARPER</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE GIBSON</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE HARPER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>70705-05-8229A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. W. WALBORN</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs</u>	
	ANTECEDENT CAUSES 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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>6-15</u> , 19 <u>50</u> , to <u>death</u> , that I last saw the deceased alive on <u>3/2/54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. W. Walborn M.D.</u>				23b. ADDRESS <u>North KC. Mo</u>		23c. DATE SIGNED <u>5/3/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>		
DATE REC'D BY LOCAL REG. <u>5-4-54</u>		REGISTRAR'S SIGNATURE <u>Marquardt Hudgens 494</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. W. NEWCOMERS SONS N. KC. MO</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1954

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 H. Kalsbeek*

Licensed Embalmer No... 494  
P. O. Address... N.K.C. N.Y.

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.