FILED OCT 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34408
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 53-68 Registrar's No. 446

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Pines Rest Home — Length of stay in 1b: 3 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Blue Springs 7000 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Lake Tapawingo — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John Middle Wesley Last Harper
4. DATE OF DEATH Month Oct. Day 7 Year 1956
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Nov. 28, 1868
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoe Polish Mfg.
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (City and state or country) Oakville, Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard Harper
14. MOTHER'S MAIDEN NAME Mary Amy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address Rev. L. W. Harper, Independence, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — 4 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 1 year
DUE TO (c) Generalized Arteriosclerosis — 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) A200
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 July 15, 1956 to October 7, 1956 and last saw him alive on October 6, 1956
Death occurred at 4 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A D Eshelman (Degree or title) M.D.
22b. ADDRESS 4233 Blue Ridge Blvd. Kansas City, 29, Mo.
22c. DATE SIGNED Oct. 9, 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/10/56
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Geo. C. Carson ADDRESS Independence, Mo.
25. DATE RECD. BY LOCAL REG. 10-10-56
26. REGISTRAR'S SIGNATURE James [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

OCT 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom D. Marblan

Licensed Embalmer No. 45

P. O. Address Indep.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.