

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH41430  
STATE FILE NUMBER  
5368  
REGISTRAR'S NO.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Overland Park #158</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Marys Hosp</u> Length of stay in 1b <u>30 min</u>		d. STREET ADDRESS (If outside, give location) <u>8601 Walmer</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>Roy</u> Last <u>De Lapp</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>9</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 13 1901</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Estimate Assigner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>	11. BIRTHPLACE (City and state or country) <u>Lexington Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Thomas De Lapp</u>			14. MOTHER'S MARDEN NAME <u>unknown</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>570-07-1819</u>	17. INFORMANT <u>Miss Patricia De Lapp</u> Address <u>Overland Park Kansas</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Status Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>not able to determine</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Complete Atherosclerotic Occlusion of left Coronary artery.</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4/20/1</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Overland Park, Kans</u>	COUNTY <u>Kans</u>	STATE <u>Kans</u>
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21. I attended the deceased from 11/29/56 to 12/9/56 and last saw her alive on 12/9/56  
Death occurred at 11/30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Donald J. Smith, M.D.</u> (Degree or title)	22b. ADDRESS <u>8023 Santa Fe Dr. Overland Park, Kans</u>	22c. DATE SIGNED <u>12/10/56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-12-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jo. C. Men. Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Overland Park, Kans.</u>
24. FUNERAL DIRECTOR <u>Wilbur N. Hoge, Overland Park, Kans</u>	25. DATE RECD. BY LOCAL REG. <u>12-11-56</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	

(Licensed Embolmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Donald J. Smith

MEDICAL CERTIFICATION

REC 18 1957

*Handwritten initials*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. R. Hoge*.....

Licensed Embalmer No. *35*

P. O. Address *Ceredon*

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.