

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1297**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>179</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>24 yrs</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		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 <b>5836 E 12</b>				e. STREET ADDRESS (If rural, give location) <b>2000 5836 E 12</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stanley</b>			b. (Middle) _____			c. (Last) <b>Harper Sr.</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 12, 1957</b>		5. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>Nov 7, 1903</b>		9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WAREHOUSE MAN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CHILLOCOTHE, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>GEORGE HARPER</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET WRIGHT</b>		14. NAME OF HUSBAND OR WIFE <b>CARRIE H. HARPER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-01-1654</b>		17. INFORMANT'S SIGNATURE OR NAME <b>CARRIE H. HARPER</b> ADDRESS <b>5836 E 12</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular Fibrillation</b></p> <p>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Coronary Atherosclerosis</b></p> <p>DUE TO (c) <b>Generalized Atherosclerosis</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <b>April 7, 1953</b> , to <b>Jan 12, 1957</b> , that I last saw the deceased alive on <b>Jan 7, 1957</b> , and that death occurred at <b>7 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Paul A. G. Johnson M.D.</b>				23b. ADDRESS <b>5111 Lindsey Ave K.C. Mo</b>		23c. DATE SIGNED <b>1/13/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 15, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>1-14-57</b>		REGISTRAR'S SIGNATURE <b>Reva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MUEHLERACH</b>		ADDRESS <b>6800 Troost</b>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD Paul A. G. Johnson

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 *Thomas O. Jack*

Licensed Embalmer No. 499

P. O. Address T.C., W.

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.