

Health, Welfare
Public Service

300
7-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Graham Asher

FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1831
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 581

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hospital</i>		Length of stay in lb <i>50 yrs.</i>	d. STREET ADDRESS <i>430 S. Kensington</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>William</i> Last <i>LEPARD</i>			4. DATE OF DEATH Month <i>Feb</i> Day <i>4</i> Year <i>1957</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov-30-1883</i>	9. AGE (In years last birthday) <i>73</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Minister</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Baptist</i>	11. BIRTHPLACE (City and state or country) <i>Carroll Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James Monroe Lepard</i>			14. MOTHER'S MAIDEN NAME <i>Liza Jane Walker</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>499-07-2038</i>	17. INFORMANT <i>Maude B. Lepard</i> Address <i>430 S. Kensington.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular Standstill (arrest) of the heart</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 min.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <i>Complete Heart Block</i> <i>1 year</i>
DUE TO (c) <i>Coronary Artery Sclerosis</i> <i>4201</i> <i>2 years</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Cause Unknown Transient (Acute) Infectious Diarrhea - 4 days</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>2</i>			
20c. TIME OF INJURY Hour <i>—</i> Month <i>—</i> Day <i>—</i> Year <i>—</i> a. m. <i>—</i> p. m. <i>—</i>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <i>—</i>		20f. CITY, TOWN, OR LOCATION <i>—</i> COUNTY <i>—</i> STATE <i>—</i>	
21. I attended the deceased from <i>4-22-55</i> to <i>2-4-57</i> and last saw him alive on <i>2-5-57</i> Death occurred at <i>3:00 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Graham Asher M.D.</i>			22b. ADDRESS <i>1270 Professional Bldg.</i> CITY <i>Kansas</i> STATE <i>Mo.</i> DATE SIGNED <i>2-5-57</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2-7-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Timber Creek Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Uniontown Kansas</i>
24. FUNERAL DIRECTOR <i>C. J. Blackman & Son Inc.</i> ADDRESS <i>15 P. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-6-57</i>		26. REGISTRAR'S SIGNATURE <i>new minabell</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
W.C. Quinn

Licensed Embalmer No. 48

P. O. Address K.C. Mo

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.