

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009107

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1382 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH **FILED APR 7 1961**  
 a. COUNTY **JACKSON**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in 1b **2 hours**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. MARY'S HOSPITAL** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MISSOURI** COUNTY **JACKSON**  
 c. CITY OR TOWN **BLUE SPRINGS** 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 Middle Last 4. DATE OF DEATH Month Day Year  
**LEE M. SCHLAPPER** **MARCH 15 1961**  
 5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **1-12-1917** 9. AGE (last birthday) **44** IF UNDER 1 YEAR IF UNDER 24 HR  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **OWNER** 10b. KIND OF BUSINESS OR INDUSTRY **LEE'S JEWELRY** 11. BIRTHPLACE (City and state or country) **Pittsburg, Kansas** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**  
 13a. FATHER'S NAME **Dan SCHLAPPER** 13b. MOTHER'S MAIDEN NAME **Florence Ficken** 14. NAME OF HUSBAND OR WIFE **Opal Schlapper**  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** 16. SOCIAL SECURITY NO. **NO** 17. INFORMANT **MRS. CLARENCE H. STEVENS** Address **3933 CHARLOTTE K. C. MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cerebral hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **5 hrs**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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 **3/15/61** to **3/15/61** and last saw him alive on **3/15/61**  
 Death occurred at **11:38 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) **MD** 22b. ADDRESS **808 So 15 Blue Springs Mo** 22c. DATE SIGNED **3/17/61**  
 23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **MAR. 18, 1961** 23c. NAME OF CEMETERY OR CREMATOR **LEE'S SUMMIT CEMETERY** 23d. LOCATION (City, town, or county) **LEE'S SUMMIT MISSOURI**  
 24. FUNERAL DIRECTOR **D. W. NEWCOMER'S SONS** ADDRESS **1331 BRUSH CREEK KANSAS CITY MO.** 25. DATE RECD. BY LOCAL REG. **3-17-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **G. Leitch**

