ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-029091
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3727

FILED AUG 16 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 7 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Walter Middle Scott Last Arp
4. DATE OF DEATH Month 7 Day 24 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-6-1886
9. AGE (last birthday) 75
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner State
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Hebran, Ill.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. "Unk"
17. INFORMANT Records: Jackson County Hosp. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arteriosclerotic Heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 7-27-61 to 7-24-61 and last saw her/him alive on 7-24-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip Saper (Degree or title) MD
22b. ADDRESS Lees Summit, Mo
22c. DATE SIGNED 7/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-28-61
23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
23d. LOCATION (City, town, or county) (State) Kansas City, Kan.

24. FUNERAL DIRECTOR Weiberts
ADDRESS 6900 Troost K.C. Mo.
25. DATE RECD. BY LOCAL REG. 7-27-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF Philip Saper DOCUMENT

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 _____ Signed R. E. Weibert

Signature of Student Embalmer

Licensed Embalmer No. 4075

P. O. Address K. C. 8 Mo

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.