

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41339

State File No.

5133

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5133

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>38 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KOTB HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3226 PARK AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>STEPHEN</u> b. (Middle) <u>Y</u> c. (Last) <u>VEDDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-49</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12-8-1876</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	IF UNDER 4 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>EMPIRE STATE DUSTRY THERMOMETER CO.</u>		11. BIRTHPLACE (State or foreign country) <u>HYDE PARK, NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>NICHOLAS VEDDER</u>		13b. MOTHER'S MAIDEN NAME <u>Celeste Bartis</u>		14. NAME OF HUSBAND OR WIFE <u>Byrd R. Vedder</u>	
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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>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KOTB HOSPITAL - Leeds, Missouri</u>		ADDRESS <u>—</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 10-6, 1949, to 12-2, 1949, that I last saw the deceased alive on 12-5, 1949, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>S. K. Landis M.A.</u>		(Degree or title)		23b. ADDRESS <u>PROFESSIONAL Bldg., K.C.</u>		23c. DATE SIGNED <u>12/2/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL + BURIAL</u>		24b. DATE <u>12/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KEARNEY, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>12-3-49</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McGilley-Eylar</u>		ADDRESS <u>K.C., MO.</u>	
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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
Student Embalmer

Signed.....

Glen E. Heck

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.