

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12928

State File No. \_\_\_\_\_

1866

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1866

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>814 No Montgall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>814 No Montgall</u>		3. NAME OF DECEASED a. (First) <u>Leon</u> b. (Middle) _____ c. (Last) <u>De Volder</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4/20/50</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>8/3/1889</u>		9. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crawford Mfg. Co</u>	
11. BIRTHPLACE (State or foreign country) <u>Belgium</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Julius De Volder</u>		13b. MOTHER'S MAIDEN NAME <u>Sylvie Croes</u>	
14. NAME OF HUSBAND OR WIFE <u>Rachael De Volder</u>		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>487-01-2017</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rachael De Volder, 814 N Montgall</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>	
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? <u>None</u>		22. I hereby certify that I attended the deceased from <u>4-20</u> , 1950, to <u>4-20</u> , 1950, that I last saw the deceased alive on <u>4-20</u> , 1950, and that death occurred at <u>12 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Frank E. Day</u>		23b. ADDRESS <u>D.O. 2-4314 99th. K.C. Mo.</u>	
23c. DATE SIGNED <u>4-21-50</u>		24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Current</u>	
24b. DATE <u>4/24/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>	
24d. LOCATION (City, town, or county) (State) <u>Shannon, Kansas</u>		DATE REC'D BY LOCAL REG. <u>4-22-50</u>	
REGISTRAR'S SIGNATURE <u>Meraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Skelton K.C. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Richard E. Carroll*

Student Embalmer No. *268*

working under my personal supervision.

Student *Richard E. Carroll*  
Student Embalmer

Signed

*[Signature]*

Licensed Embalmer No. *3625*

P. O. Address *A.C. 540*

**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.