

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16992
2378

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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>23 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2318 Cypress</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				3. NAME OF DECEASED a. (First) <u>CLAUDE</u> b. (Middle) <u>V</u> c. (Last) <u>VANATTA</u>					
4. DATE OF DEATH Month <u>May</u> Day <u>26</u> Year <u>1950</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>May 25, 1906</u>		9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Corn Products Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Harmantton, Kansas</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Corn Products Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Elijah Vanatta</u>			
13b. MOTHER'S MAIDEN NAME <u>Martha Noret</u>		13c. NAME OF HUSBAND OR WIFE <u>Vera Vanatta</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Vanatta</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>486 01 3211</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vera Vanatta, 2318 Cypress K. C. Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vera Vanatta, 2318 Cypress K. C. Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vera Vanatta, 2318 Cypress K. C. Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic Bifurcation Occlusion</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency</u> <u>Mitral Stenosis, Atrial Fibrillation</u> DUE TO (c) <u>Rheumatic Heart Disease</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</u>	
19a. DATE OF OPERATION <u>5/25/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Blood clot at bifurcation of aorta</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) <u>Houses 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"/>			
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?		22. I hereby certify that I attended the deceased from <u>Apr</u> , 19 <u>48</u> , to <u>May 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 25</u> , 19 <u>50</u> , and that death occurred at <u>8:30A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. Stanley Mores</u>		23b. ADDRESS <u>1512 Professional Bldg</u>		23c. DATE SIGNED <u>5-26-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
24b. DATE <u>May 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Et. Scott, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILKS FUNERAL HOME, 2315 Linwood K. C. Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-26-50</u>		REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILKS FUNERAL HOME, 2315 Linwood K. C. Mo</u>		ADDRESS <u>WILKS FUNERAL HOME, 2315 Linwood K. C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Stanley Morest
Prof Bldg.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Chas E Wilks

Signed
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *K.C. 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.