

FILED JUN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20645

048

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5368</u>		Registrar's No. <u>225</u>					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue		c. LENGTH OF STAY (in this place) 49 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		(Blue) 0480					
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence RR 3				d. STREET ADDRESS (If rural, give location) RR 3							
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Van Maele			c. (Last) Van Maele					
4. DATE OF DEATH (Month) (Day) (Year) June 7, 1950			5. SEX male			6. COLOR OR RACE white					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Nov. 3, 1901			9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 48 Months 7 Days Hours 4 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Gardener			10b. KIND OF BUSINESS OR INDUSTRY Self employed			11. BIRTHPLACE (State or foreign country) Kansas City, Mo.					
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Camile Van Maele			13b. MOTHER'S MAIDEN NAME Valeria Van Queathen					
14. NAME OF HUSBAND OR WIFE Mary M. Van Maele			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none					
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary M. Van Maele			ADDRESS Independence, Mo.								
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, asphyxia, 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) Coronary Thrombosis											
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension (malignant)											
DUE TO (c)											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4201			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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)					
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>Aug. 26, 1946</u> , to <u>June 7, 1950</u> , that I last saw the deceased alive on <u>June 6, 1950</u> , and that death occurred at <u>5:45A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) George O. Lee M.D.				23b. ADDRESS 1103 Grand Ave. K. C. Mo.				23c. DATE SIGNED 6/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-9-50		24c. NAME OF CEMETERY OR CREMATORY St. Marys		24d. LOCATION (City, town, or county) (State) Independence, Mo.					
DATE REC'D BY LOCAL REG. June 8-1950		REGISTRAR'S SIGNATURE James A. [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Bob Carson		ADDRESS Independence, Mo.				

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.