

FILED SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30455  
3831

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>70 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2839 Troost</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>V. Royce</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Vickers</b>	<b>8</b>	<b>31</b>	<b>51</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Feb. ? 1880</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Photo Finisher</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>

13a. FATHER'S NAME <b>Leon Vickers</b>	13b. MOTHER'S MAIDEN NAME <b>Cornelia Mead</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>"Unk." NO.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Record Clerk: R.C. Gen. Hosp. #1</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <b>Gen. Hosp. #1</b>

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>(a) cardiovascular accident</b>		DUE TO (b) <b>uremia, malnutrition</b>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<b>42 1/2</b>

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) (Min.)	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 Aug. 30, 1951, to Aug. 31, 1951, that I last saw the deceased alive on Aug. 31, 1951, and that death occurred at 11:23 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns, M.D.</b>	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>8-31-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Anatomical</b>	24b. DATE <b>9-8-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>R.C. Col. of Osteo.</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R.C. Weilets: R.C. 8, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-7-51</b>	REGISTRAR'S SIGNATURE <b>Sheralding Holmes</b>	ADDRESS _____

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

*E. Johnson*

**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.....

*B. E. Weichert*

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 this body is not embalmed, fact should be so stated above.