

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34805**

S. No. 3000 **FILED NOV 3 1952**
V. 10-48

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4216		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY East			
b. CITY (If outside corporate limits, write RURAL and give township) Calhoun		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Harrisonville Mo		d. STREET ADDRESS (If rural, give location) 304 South Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hughway # 52				4. DATE OF DEATH (Month) (Day) (Year) 10-23-52			
3. NAME OF DECEASED (Type or Print) a. (First) Earl		b. (Middle)		c. (Last) Van Trees		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH June 14 1907		9. AGE (In years last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heavy E. operator		10b. KIND OF BUSINESS OR INDUSTRY Horticulture Eng.		11. BIRTHPLACE (City and State or Foreign Country) Wesberton Okla		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm Van Trees		13b. MOTHER'S MAIDEN NAME May Davis		14. NAME OF HUSBAND OR WIFE Ruth G. Van Trees			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-01-4622		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Ruth G. Van Trees			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DEATH BY BURNING - SUFFOCATION ANCECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH INSTANT	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY 52		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CALHOUN HENRY MO		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY OCT 23 1952 9:45 P	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? AUTO ACCIDENT					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh B Walker MD coroner				23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 93 Oct 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-28-52		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. Oct 28-52		REGISTRAR'S SIGNATURE Florence Adams		25. EMBALMER'S SIGNATURE Fred Wilkerson		ADDRESS Clinton	

(Licensed Embalmer's Statement on Reverse Side)

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

420

070

NOV 18 1907

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 *not Embalmed* _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Report of Motor-vehicle Accident Death

a. State File No. 34805
Vital Statistics

b. Mo. State Highway Patrol
Traffic Authority

Place of death Henry Calhoun Missouri
County City or Town State

Name of deceased Earl VanTreese

Time of death October 23 1952
Month Day Year

Time of accident October 23 1952
Month Day Year

a. Place of accident Calhoun Henry Missouri b. Urban
City Township County State or
Rural x

Circumstances of accident as reported
on death certificate (Item 21f or 18) Auto accident.

Traffic x Nontraffic

Status of deceased Driver
Pedestrian, driver, passenger, bicyclist

Type of accident a.
Collision between motor vehicle and what?

E 8230
31

(Complete a) or b) Ran off roadway
b. Noncollision, i.e. running off roadway, overturning, other

Type(s) of motor vehicle(s) involved Pick-up truck
Passenger car, motorcycle, truck, bus

Remarks Earl Vantreese was fatally injured when the pick-up truck which he was driving ran off the roadway, struck a bridge and then burned.

1952

S-34805