

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1669**  
Registrar No. **64**

DECEASED FEB 9 1953 BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar No. <b>64</b>		
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. LENGTH OF STAY (in this place) <b>1 year</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2311 Myrtle</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>H.</b> c. (Last) <b>Vandaveer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 5, 1953</b>					
5. SEX <input checked="" type="radio"/> male	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH <b>Jan. 5, 1882</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 1 MO. Hours   Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bell Boy</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K. C. Club</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Akinsville, Ill. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Israel Vandaveer</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Edna Vandaveer</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>447-32-1260A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edna Vandaveer 2311 Myrtle</b>				
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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meningitis</b>				DUE TO (b) <b>Hypertension cerebral disorder</b>				<b>3-4 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Generalized arteriosclerosis</b>				DUE TO (c) <b>Generalized arteriosclerosis</b>				<b>years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>12-1, 1952, to 1-5, 1953</b> , that I last saw the deceased alive on <b>1-5, 1953</b> , and that death occurred at <b>9 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>R. S. Long</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>4800 E. 24th St. ITC</b>		23c. DATE SIGNED <b>1-5-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>1/7/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lexington Cemetery</b>		24d. LOCATION (City, town, or County) (State) <b>Lexington, Oklahoma</b>			
DATE REC'D BY LOCAL REG. <b>1-6-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earp &amp; Sons 4139 Truman Rd. K.C., Mo</b>				

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James W. Earp*

Licensed Embalmer No. 4622

P. O. Address H.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.