

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28912

State File No. _____

FILED AUG 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4027</u>	
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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>36 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3588 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 3217 Spruce</u>				d. STREET ADDRESS (If rural, give location) <u>58 3217 Spruce</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Hiram</u>		b. (Middle) <u>R</u>		c. (Last) <u>Van Tine</u>	
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>11,</u>		(Year) <u>1953</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u> (Specify)		8. DATE OF BIRTH <u>July 9, 1953</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____		IF UNDER 6 HRS. Hours _____		Mts. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Momoth, Ills.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas. F. Van Tine</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Monhart</u>		14. NAME OF HUSBAND OR WIFE <u>Anna B. Van Tine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna B. Van Tine, Kansas City, 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, 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) <u>Pneumonia, Hypostatic</u>		ANTECEDENT CAUSES					24 hrs. 5 days 1 yr. 177X
		DUE TO (b) <u>Nephritis, Nemia, & General totemia</u>					
		DUE TO (c) <u>Carcinoma of Prostate</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Debility</u>		19a. DATE OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		19b. MAJOR FINDINGS OF OPERATION					
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>11 July, 1953</u> , to <u>11 Aug, 1953</u> , that I last saw the deceased alive on <u>11 Aug, 1953</u> , and that death occurred at <u>3:03P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wallace H. Graham</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>578 Argyle Bldg.</u>		23c. DATE SIGNED <u>11 Aug 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/13/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo C. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

(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

Dean W. Huff

Licensed Embalmer No. *4914*

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.