

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12263**
Registrar's No. **1482**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
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 Kansas City		c. LENGTH OF STAY (in this place) 41 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hosp.				e. STREET ADDRESS (If rural, give location) 616 No Garland				3048	
3. NAME OF DECEASED (Type or Print) LEONARD			a. (First)		b. (Middle)		c. (Last) VAN BECELAERE		
4. DATE OF DEATH 3/31/54		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5/12/12		9. AGE (In years last birthday) 41		10. UNDER 1 YEAR: Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY M O. P. Ry		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME August Van Becelaere			13b. MOTHER'S MAIDEN NAME Marie Fockaert			14. NAME OF HUSBAND OR WIFE Van Becelaere Augusta C San Brockhaem			
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Augusta Van Becelaere 616 No Garland					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial hypertrophy and dilatation				INTERVAL BETWEEN ONSET AND DEATH not known	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Pulmonary embolism				not known	
				DUE TO (c) cirrhosis of liver				28 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Marked obesity				years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 581⁰						20. AUTOPSY? YES <input checked="" 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 October 8, 1953 , to March 31, 1954 , that I last saw the deceased alive on March 31, 1954 , and that death occurred at 2:10 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. E. Castles				23b. ADDRESS 1002 Argyle Building Kansas City, Missouri		23c. DATE SIGNED 4/2/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/3/54		24c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 4-2-54		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil, K. C. Mo.		ADDRESS			

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.....
Signature of Student Embalmer

Signed *Richard E. Carroll*.....

Licensed Embalmer No. *482*.....

P. O. Address *K. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.