

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37647

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5142

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) 27 YEARS	c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST HIGH SCHOOL			No. STREET ADDRESS (If rural, give location) 2037 QUINCY AVENUE 3224			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) JAMES c. (Last) VOORHEES			4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 5, 1954			
5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE <input checked="" type="checkbox"/> WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> MARRIED	8. DATE OF BIRTH AUG. 27, 1918	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORD MOTOR COMPANY		10b. KIND OF BUSINESS OR INDUSTRY CLAYCOMA, MO	11. BIRTHPLACE (City and State or Foreign Country) ALIX, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM VOORHEES		13b. MOTHER'S MAIDEN NAME ADA HOPKINS		14. NAME OF HUSBAND OR WIFE VERA VOORHEES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II		16. SOCIAL SECURITY NO. 486-01-5759	17. INFORMANT'S SIGNATURE OR NAME MRS. VERA VOORHEES			ADDRESS 2037 QUINCY AVE. KANSAS CITY, MO.
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, asthenia, 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) Coronary atherosclerosis			DUE TO (b) Coronary sclerosis			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Atherosclerotic Cardiac disease			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4200
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 6-21-, 1950, to 11-5-, 1954, that I last saw the deceased alive on 11-1-, 1954, and that death occurred at 8:15 P. m., from the causes and on the date stated above.						
23a. SIGNATURE H. A. Underwood (Degree or title) H. A. Underwood, M.D.			23b. ADDRESS 5100 E. 24th St		23c. DATE SIGNED 11/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Nov. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) ALIX ARKANSAS	
DATE REC'D BY LOCAL REG. 11-6-54		REGISTRAR'S SIGNATURE Neva Minshel		25. FUNERAL DIRECTOR'S SIGNATURE D. J. McCannino 1331 BRUSH CREEK KANSAS CITY, MISSOURI		

(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.....  
Signature of Student Embalmer

Signed.....  
*Hollie Kesse*

Licensed Embalmer No. *469*

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.