

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37654  
5206

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

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 OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give Township)		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakewood Hosp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>519 Wallace</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VESPER</u> b. (Middle) <u>AVAN</u> c. (Last) <u>WARREN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-54</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 31, 1888</u>	9. AGE (in years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. &amp; Q.R.R.</u>	11. BIRTHPLACE (City and State or foreign Country) <u>Lincoln Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wilburn Warren</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Engard</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Warren</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>yes WW #1</u>	16. SOCIAL SECURITY NO. <u>496-09-4664</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nancy Warren 519 Wallace</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES DUE TO (b) <u>myocardial infarction</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia 3 months previous</u>			<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 31, 1954 to Nov 7, 1954, that I last saw the deceased alive on Nov 7, 1954, and that death occurred at 6:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>R. I. West, D.O.</u> (Degree or title)	23b. ADDRESS <u>W.D. Sandview Mo</u>	23c. DATE SIGNED <u>11-8-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-10-54</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed George Sons Inc, Belton Mo.</u>
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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 *Steuig E Goodard*  
Licensed Embalmer No. *4911*

P. O. Address *Grandover*

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.