

FILED JAN 24 1955

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **303**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 57	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Buchanan		c. LENGTH OF STAY (in this place) Most of life		a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph		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: Mo. Metho. Hospital				e. STREET ADDRESS (If rural, give location) 821 North 9th St., 01170			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) ARTHUR		b. (Middle) C.		c. (Last) VAN VLIET		(Month) (Day) (Year) JANUARY 13, 1955	
5. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb 12, 1875	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Vice Pres & Gen Mgr.		11. BIRTHPLACE (City and State or Foreign Country) Burlington, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME L. D. W. VanVliet		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Grace Belle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace VanVliet, ADDRESS 821 No. 9th St., City			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured abdominal aortic aneuysm		II. OTHER SIGNIFICANT CONDITIONS Incarcerated right inguinal hernia					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Atherosclerosis, aortic Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				several yrs	
		DUE TO (c) Generalized arteriosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION #51-X				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) m.		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 Nov 10, 1952 , to Jan 13, 1955 , that I last saw the deceased alive on Jan 13, 1955 , and that death occurred at 6:50A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Lucien H. Ide M.D. (Degree or title)				23b. ADDRESS 902 Edmond St., St. Joseph, Mo.		23c. DATE SIGNED 1-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Jan 21, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home, ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 *William Spalding*.....

Licensed Embalmer No. *4575*.....

P. O. Address *395 1/2 St. ...*

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.