0.300
0.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22123

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3241

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 3½ Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL
e. STREET ADDRESS (If rural, give location): 1423-2nd. AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: LEAVENWORTH
c. CITY OR TOWN: LEAVENWORTH
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

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3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): W.
c. (Last): FLORENCE

4. DATE OF DEATH (Month): July (Day): 29 (Year): 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 24, 1909
9. AGE (In years last birthday): 45
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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Civil Service
11. BIRTHPLACE (City and State or Foreign Country): Wallula, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William B. Florence
13b. MOTHER'S MAIDEN NAME: Minnie Perry
14. NAME OF HUSBAND OR WIFE: Louise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 512-12-2393
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Official VA Hospital Records, K. C. 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse, bilateral bronchopneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — Primary

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of the right lung with diffuse metastasis. — 6 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 16 yr

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 15, 1955, *to* July 29, 1955, *that I last saw the deceased alive on* ////////, 19////, *and that death occurred at* 6:07P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Guido Podrecca, M.D.
23b. ADDRESS: VA Hospital, Kansas City, Mo.
23c. DATE SIGNED: 7-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 30, 1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Muncie
24d. LOCATION (City, town, or county) (State): Leavenworth Kans.

DATE REC'D BY LOCAL REG.: 7-30-55
REGISTRAR'S SIGNATURE: Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sexton Funeral Chapel Leav. Ks.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Ted L. Sexton

Licensed Embalmer No. 30

P. O. Address Lawrenc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.