

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22441**
Registrar's No. **3214**

BIRTH NO. _____		REG. DIST. NO. <u>148</u>		PRIMARY REG. DIST. NO: <u>1002</u>		Registrar's No. <u>3214</u>		
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) 70 yrs		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 General Hospital No. 1				STREET ADDRESS (If rural, give location) 3805 Michigan 3558 D				
3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) F. c. (Last) Vanice			4. DATE OF DEATH (Month) (Day) (Year) 7 25 1955					
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 10, 1883		
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator			10b. KIND OF BUSINESS OR INDUSTRY Jackson County Gunhouse		11. BIRTHPLACE (City, and State or Foreign Country) 0 MARSHALL, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME KAER			13b. MOTHER'S MAIDEN NAME VANICE		14. NAME OF HUSBAND OR WIFE MARY (UNKNOWN) Lillian E. Vanice			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 500-14-0948		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian E. Vanice 3805 Michigan 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, ashenia, etc. It means the disease, injury, or complication which caused death:		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined pending further investigation INTERVAL BETWEEN ONSET AND DEATH Pulmonary congestion & edema						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic pyelonephritis		DUE TO (b) Cardiac hypertrophy + dilatation				DUE TO (c) Pulmonary fibrosis + emphysema		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 <u>May 18</u> , 19 <u>55</u> , to <u>July 25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 25</u> , 19 <u>55</u> , and that death occurred at <u>5:25P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE B. I. Burns, M.D.				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-26-1955		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Dt. Washington Cemetery		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		
DATE REC'D BY LOCAL REG. 7-28-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMERS SONS BRUSH/REEK/DLUD 1331 ADDRESS K.C. MO.				

(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 *Edward M. Ste...*

Licensed Embalmer No. *442*

P. O. Address *K. C. 10*

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.