

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33217**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4451

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY JACKSON	a. STATE MISSOURI		b. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	c. LENGTH OF STAY (in this place) 35 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 VETERANS ADMINISTRATION HOSPITAL		b. STREET ADDRESS (If rural, give location) 5832 Euclid	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) William	b. (Middle) Claude	c. (Last) FIFER	October 15, 1955		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH December 9, 1899	9. AGE (In years) (Month) (Day) (Year) 55	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY COMMERCIAL CARTAGE COMPANY	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Addis Fifer	13b. MOTHER'S MAIDEN NAME Josephine Schroeder	14. NAME OF HUSBAND OR WIFE ELLA FIFER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. 495050991	17. INFORMANT'S SIGNATURE OR NAME 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 1/2 h
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia right lower lobe		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ↑ DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Bronchogenic Carcinoma of left main bronchi with multiple metastasis		19. 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) VA 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 September 29, 1955, to October 15, 1955, that I last saw the deceased at 7:30 A.M. and that death occurred at 7:30 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joaquin F. Lopez</i> Joaquin F. Lopez	23b. ADDRESS VA Hospital, K. C. Mo.	23c. DATE SIGNED 10-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT-19-1955	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 10-18-55	REGISTRAR'S SIGNATURE <i>Neva Trimal</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>D.H. Newcomer</i>	ADDRESS 1331 BAYN CREEK KANSAS CITY, MO.
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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 *Adrian Jay Stett*.....

Licensed Embalmer No. *488*

P. O. Address *N.C., N.*

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.