

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37061****4936**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 4936					
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) Life		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				e. STREET ADDRESS (If rural, give location) 22 4810 E. 18 3220							
3. NAME OF DECEASED (Type or Print) a. (First) Victor			b. (Middle)		c. (Last) Vanderheyden		4. DATE OF DEATH (Month) (Day) (Year) 11 12 1955				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3.		8. DATE OF BIRTH		9. AGE (In years last birthday) App 54	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MIN. Hours	IF UNDER 1 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL LABOR		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, Mo		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME FELIX VANDERHEYDEN			13b. MOTHER'S MAIDEN NAME MARY FRANCIS CRETEN			14. NAME OF HUSBAND OR WIFE unk.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME MRS Wm McDaniel Kem				ADDRESS KEMO			
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) Metastatic carcinoma primary undetermined				INTERVAL BETWEEN ONSET AND DEATH 197			
				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 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 <input 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)		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>Nov. 6</u> , 19 <u>55</u> , to <u>Nov. 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 12</u> , 19 <u>55</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE B.I. Burns (Degree or title) M.D.				23b. ADDRESS 24th & Cherry			23c. DATE SIGNED 11-14-1955				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-15-55		24c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S CEM		24d. LOCATION (City, town, or county) (State) K.C. Mo					
DATE REC'D BY LOCAL REG. 11-14-55		REGISTRAR'S SIGNATURE Neva Minsall			25. FUNERAL DIRECTOR'S SIGNATURE SEBRET'S		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 *Forrest D. Gollins*.....

Licensed Embalmer No. *471*.....

P. O. Address *KC Mo*.....

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.