

Health, Welfare and Public Service
 300
 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 J. E. Castles, M.D.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34297
 STATE FILE NUMBER
 4311

FILED OCT 24 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4311

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, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 N. Oakley			Length of stay in lb 41 yrs	4. STREET ADDRESS 110 N. Oakley			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALFONSE Middle Fredrick Last VAN COMPERNOLLE				4. DATE OF DEATH Month Oct Day 5 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 31 1914		9. AGE (In years 1956 birthday) 41	
IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sub Foreman			10b. KIND OF BUSINESS OR INDUSTRY MOP Railroad	11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alfonse Van Compernelle				14. MOTHER'S MAIDEN NAME Tillie Soetaert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. 702-10-9095		17. INFORMANT Address Mrs Mildred Van Compernelle 110 N. Oakley			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Arteriosclerotic heart disease			5 to 6 yrs 4250	
DUE TO (c)			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 9-27-56 to 10-3-56 and last saw ^{her} him alive on 10-3-56 Death occurred at 2:40 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. E. Castles M.D.				22b. ADDRESS 1002 Argyle Building, K.C. Mo.		22c. DATE SIGNED 10-5-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 8 1956	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home K C Missouri			25. DATE RECD. BY LOCAL REG. 10-5-56		26. REGISTRAR'S SIGNATURE Mrs. Minshall		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James A. Hill*.....

Licensed Embalmer No. *48*

P. O. Address *N. C. 11*

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.