No. 300
10.48

FILED NOV 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34299

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4507

D

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City [redacted]
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) K.C.T.B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY ~~Jackson~~ Clay
c. CITY OR TOWN K.C. North
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 107 4509 North Bellefontaine

3. NAME OF DECEASED (Type or Print)
a. (First) Rolla b. (Middle) F. c. (Last) Vandiver

4. DATE OF DEATH (Month) October (Day) 18 (Year) 1956

5. SEX M **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Oct. 28. 1903 **9. AGE** (In years last birthday) 52 IF UNDER 1 YEAR Months ~~11~~ Days ~~11~~ IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Cutter **10b. KIND OF BUSINESS OR INDUSTRY** Corn products **11. BIRTHPLACE** (City and State or Foreign Country) Ashland Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A

13a. FATHER'S NAME ROBERT VANDIVER **13b. MOTHER'S MAIDEN NAME** DORA BOGUA **14. NAME OF ~~HUSBAND~~ OR WIFE** ELSIE VANDIVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I **16. SOCIAL SECURITY NO.** 486-07-5926 **17. INFORMANT'S SIGNATURE OR NAME** Elsie Vandiver **ADDRESS** 4509 North

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) Pulmonary Tuberculosis

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.

INTERVAL BETWEEN ONSET AND DEATH

002X

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) 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* 10-8, 1956, *to* 10-14, 1956, *that I last saw the deceased alive on* 10-14, 1956, *and that death occurred at* 6:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Altomare (Degree or title) M.D. **23b. ADDRESS** K.C.T.B. Hosp. **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 10/17/56 **24c. NAME OF CEMETERY OR CREMATORY** East Slope Cemetery **24d. LOCATION** (City, town, or county) Platte County (State) Mo

DATE REC'D BY LOCAL REG. 10-16-56 **REGISTRAR'S SIGNATURE** Neva Minshall **25. FUNERAL DIRECTOR'S SIGNATURE** D.W. Newcomer Son **ADDRESS** K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Edward P. Altomare

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John W Kalsbeek

Licensed Embalmer No. 494

P. O. Address No. Kansas

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