

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38417

STATE FILE NUMBER

FILED DEC 13 1956

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 210

| | | | | | |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leei Summit</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Leei Summit</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. # 3</u> | | Length of stay in lb <u>12 yr.</u> | d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 3</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>LOUIS</u> Middle <u>MARTIN</u> Last <u>VEHLEWALD</u> | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>2</u> Year <u>1956</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July-23-1886</u> | 9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR: Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u> IF UNDER 24 HRS. <u>-</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>caretaker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nat'l. College</u> | | 11. BIRTHPLACE (City and state or country) <u>Fredericksburg, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | 13. FATHER'S NAME <u>Henry Vehlwald</u> | | |
| 14. MOTHER'S MAIDEN NAME <u>Mary Frank</u> | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W</u> | | |
| 16. SOCIAL SECURITY NO. <u>500-20-4645</u> | | | 17. INFORMANT <u>Ms. Bertha Vehlwald</u> Address | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) _____ DUE TO (c) <u>420.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u> |
| 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 _____ a. m. _____ p. m. _____ | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | | |
| 21. I attended the deceased from <u>12-2-56</u> to <u>12-2-56</u> and last saw ^{her} him alive on <u>12-2-56</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Wm. H. New</u> (Degree or title) | | | 22b. ADDRESS <u>Leei Summit Mo.</u> | | 22c. DATE SIGNED <u>12-3-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>Dec. 5-1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>O. D. Blackman & Son Inc.</u> ADDRESS <u>K. C. Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>12-4-1956</u> | | 26. REGISTRAR'S SIGNATURE <u>W. B. Longford</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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..... *Bert B. Bennett*

Licensed Embalmer No. *46*

P. O. Address *K. C. J.*

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.