

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5186

FILED MAR 14 1957

STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 17

Health, Welfare, Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grandview</b>		c. CITY OR TOWN <b>Raymore</b> <span style="float: right;">0190</span>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Restorium</b>		d. STREET ADDRESS (If outside, give location) <b>In town</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Martin</b> Last <b>Voorhees</b>		4. DATE OF DEATH Month <b>3</b> Day <b>11</b> Year <b>57</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-2-1868</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>	11. BIRTHPLACE (City and state or country) <b>Martinsburg, W. Va.</b>
13. FATHER'S NAME <b>John Voorhees</b>		14. MOTHER'S MAIDEN NAME <b>Ellen Gorman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-14-6336</b>	
17. INFORMANT <b>J.M. Voorhees, Raymore, Missouri</b>		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) <b>coronary occlusion</b> DUE TO (b) <b>Pneumonia, bilateral</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) _____			INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b> <b>3 days</b>
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. 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 <b>Mar 9-57 to Mar 11, 1957</b> and last saw <b>him</b> alive on <b>Mar 11-57</b> Death occurred at <b>7:35</b> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Sam H. Hooper M.D.</b>		22b. ADDRESS <b>Grandview, Missouri</b>	
22c. DATE SIGNED <b>3-11-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-13-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bryant Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Belton, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>E. George Condie, Belton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-11-57</b>	26. REGISTRAR'S SIGNATURE <b>Claring Goodard</b>

(Licensed Embalmer's Statement on Reverse Side)

MM 13 1917

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 *Stirling E. Goddard*  
.....

Licensed Embalmer No. *49*

P. O. Address *Grandville*

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.