

STANDARD CERTIFICATE OF DEATH

75 17 553  
State File No.

FILED JUN 3 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 42

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>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grandview</b>		c. CITY OR TOWN <b>Grandview</b>	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 <b>12410 Third Street</b>		e. STREET ADDRESS (If rural, give location) <b>12410 Third Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>	b. (Middle) <b>Leopold</b>	c. (Last) <b>Vinckier</b>	4. DATE OF DEATH (Month) <b>5</b> (Day) <b>20</b> (Year) <b>57</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Nov 12, 1878</b>
9. AGE (In years) <b>78</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Ret)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Belgium</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Henry Vinckier</b>	13b. MOTHER'S MAIDEN NAME <b>Julia De Grande</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <b>309 20 4523</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Van Becelaere</b>		ADDRESS <b>3938 Roberts K.C. MO</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock + hemorrhage resulting from head injury + multiple fractures over body</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>9340</b>		
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 <b>700 2.2</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jackson Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5-20-57 7:45 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Accidental fracture</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. C. Healy Jr. M.D.</b>	23b. ADDRESS <b>6627 Barrett St. Kansas City, Mo.</b>	23c. DATE SIGNED <b>5-21-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-23-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E.K. George &amp; Sons Inc, Grandview, Mo</b>
DATE REC'D BY LOCAL REG. <b>5-21-57</b>	REGISTRAR'S SIGNATURE <b>D. C. Healy Jr.</b>	

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

498

MAY 28 1957

RECEIVED

JUL 9 1957

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. 4911

P. O. Address *Gardner*

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.