

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

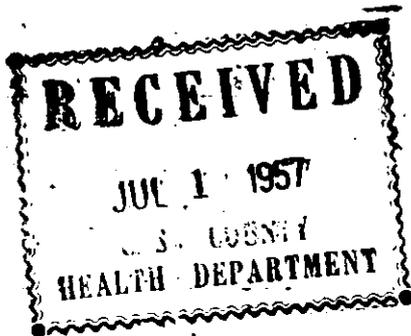
State File No. **20363**

FILED JUL 2 - 1957

BIRTH NO. _____		REG. DIST. NO. 57		PRIMARY REG. DIST. NO. 4097		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) Harrisonville		c. LENGTH OF STAY (in this place) 20 years		c. CITY (If outside corporate limits, write RURAL and give township) Harrisonville 0191			
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 Main Street				d. STREET ADDRESS (If rural, give location) 707 Main Street			
3. NAME OF DECEASED (Type or Print) GOLDA		a. (First)		b. (Middle)		c. (Last) VAN SCOY	
4. DATE OF DEATH (Month) (Day) (Year) June 21 1957		5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH Dec. 17 1898		9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		11. BIRTHPLACE (City and State or Foreign Country) Hentry County Missouri U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) Hentry County Missouri U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Luther W. Van Scoy		13b. MOTHER'S MAIDEN NAME Eliza Corley		14. NAME OF HUSBAND OR WIFE never married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Maurine Butcher - Hilltop			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) renal changes				INTERVAL BETWEEN ONSET AND DEATH sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331x	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 11 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Shard Jander, D.O. (Cass)				23b. ADDRESS Plant Hill, Mo		23c. DATE SIGNED 6/23/57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/25/57		24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville, Mo	
DATE REC'D BY LOCAL REG. June 25, 1957		REGISTRAR'S SIGNATURE Dora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Kunnenburg's Harrisonville Mo			

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

(Licensed Embalmer's Statement on Reverse Side)



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
Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. _____

Not Embalmed
P.O. Address _____

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 this body is not embalmed, fact should be so stated above.