

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32231

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4348

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3709 Indiana		Length of stay in lb 35 Yrs	d. STREET ADDRESS (If outside, give location) 3709 Indiana		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Sarah (Sadle)			First Ji	Middle Van Sant	Last Van Sant
4. DATE OF DEATH Sept 17 1957		Month Sept	Day 17	Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 19 1885		9. AGE (In years of birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and state or country) Tampa Kansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A					
13a. FATHER'S NAME Richard B Gardner		13b. MOTHER'S MAIDEN NAME Hanna C Sowers		14. NAME OF HUSBAND OR WIFE Leo M. Van Sant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) N X X X X X		16. SOCIAL SECURITY NO. 487 07 0339		17. INFORMANT Leo M. Van Sant	
				Address 3709 Indiana, Kansas City, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH acute several mo. 331X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year 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 3-10-57 to 9-16-57 and last saw her alive on 9-16-57 Death occurred at 3:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. Peterson, M.D.			22b. ADDRESS 7839 Leifest.		22c. DATE SIGNED 9-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 19 1957	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR FLORAL HILLS MEMORIAL CHAPELS INC K.C. MO		ADDRESS 9-18-57		25. DATE RECD. BY LOCAL REG. 9-18-57	
26. REGISTRAR'S SIGNATURE Neva Marshall					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

B. Atcherson

All diseases in Part I must be causally related.

Dr. Atkinson
3939 Prospect



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 *D. H. Noflinger*
Licensed Embalmer No. *3938*
P. O. Address *Kansas City*

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.