

Health,  
& Welfare  
Public  
Service

S. 300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Geo. C. Kealhofer

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029290  
STATE FILE NUMBER  
4003

FILED SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>610 West 17th.st.</b>		Length of stay in 1b <b>16 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>610 West 17th.st.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Ida</b> Middle <b>-</b> Last <b>VanCore</b>	4. DATE OF DEATH Month <b>8</b> Day <b>15</b> Year <b>1958</b>
---	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>"unknown"</b>	9. AGE (In years (with birthday)) <b>58</b>	FUNDER 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>Cook</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Youngtown Cafe</b>	11. BIRTHPLACE (City and state or country) <b>England 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>"unknown"</b>
--	--	--	--

13a. FATHER'S NAME <b>"unk" Blackburn</b>	13b. MOTHER'S MAIDEN NAME <b>"unknown"</b>	14. NAME OF HUSBAND OR WIFE <b>"unknown"</b>
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>"unk"</b>	16. SOCIAL SECURITY NUMBER <b>351-18-591</b>	17. INFORMANT Address <b>Frank Wagner, President Hotel; K.C., Mo.</b>
---	---	--

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>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>?</b> 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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <b>Geo. C. Kealhofer</b>	22b. ADDRESS <b>6027 Brookport Square</b>	22c. DATE SIGNED <b>8-18-58</b>
--	--	------------------------------------

23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE <b>8-20-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Western Dental College</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
--	-------------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <b>Weilert Funeral Homes; K.C., Mo.</b>	25. DATE RECD. BY LOCAL REC. <b>8-19-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
---	--	---

(Licensed Embelmer's Statement on Reverse Side)

37

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 *B E Weibert* .....

Licensed Embalmer No. *4075* .....

P. O. Address *J C S Mo* .....

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.