

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032024

STATE FILE NUMBER

40067-58
HELD SEP 16 1958
Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 128

S. 300
v. 1-57

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, give TOWNSHIP only) OR TOWN Pleasant Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pleasant Hill 0190 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 140 First St.		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) 140 First St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last June Marie VanGorkom			4. DATE OF DEATH Month Day Year Sept. 4, 1958		
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5. SEX F!	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20, 1958	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 2 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Woodrow W. VanGorkom	13b. MOTHER'S MAIDEN NAME Velma Lee Greer	14. NAME OF HUSBAND OR WIFE ---
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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 Woodrow VanGorkom	Address Pleasant Hill, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHYXIA DUE TO (b) BRONCHOPNEUMONIA DUE TO (c) 491X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		19. INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from _____ to _____ and last saw her alive on 8-19-58 Death occurred at SEPT. 4 th 1958 _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Richard Gordon D.O. 2	22b. ADDRESS Pleasant Hill, Mo 121 WYOMING ST.	22c. DATE SIGNED 9-5-58
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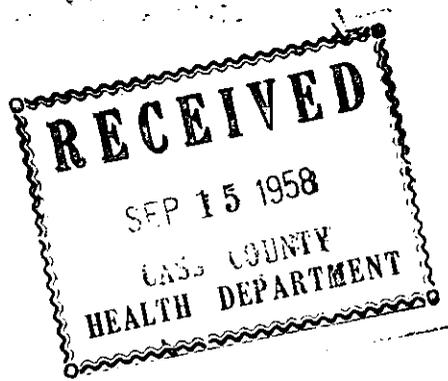
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/7/58	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem	23d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri
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24. FUNERAL DIRECTOR Brownfield-Stanley	ADDRESS Pleasant Hill, Mo.	25. DATE RECD. BY LOCAL REG. Sept 8, 1958	26. REGISTRAR'S SIGNATURE Nora Barnard
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(Licensed Embalmer's Statement on Reverse Side)

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



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 Wm G Cantrell, Student Embalmer No. _____ working under my personal supervision.

Student Wm G Cantrell
Signature of Student Embalmer

Signed Raymond Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill

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.