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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036673
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4672

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~INSTITUTION~~: St. Marys — Length of stay in 1b: 46 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3680 Jefferson — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mary Middle: E Last: Vonck

4. DATE OF DEATH: Month: Oct Day: 1 Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12/25/1885
9. AGE (In years on last birthday): 72 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Belgium
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Un Known
13b. MOTHER'S MAIDEN NAME: — Casteele
14. NAME OF HUSBAND OR WIFE: Ernest J. Vonck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Audley Vonck Address: 4815 Bell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Post Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Pulmonary Embolus — 1 day
DUE TO (c) Generalized Arteriosclerosis — 3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 5-4-57, to 10-1-58 and last saw her alive on 10-1-58
Death occurred at ~~K.C. Mo.~~ 8:35 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James W Downey (Degree or title) M.D.
22b. ADDRESS: 425 E 63rd KC Mo
22c. DATE SIGNED: 10-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 3-1958
23c. NAME OF CEMETERY OR CREMATORY: Mt. St. Marys
23d. LOCATION (City, town, or county): Kansas City (State): Mo.

24. FUNERAL DIRECTOR: Gates Funeral Home ADDRESS: K.C. Ka
25. DATE RECD. BY LOCAL REG.: 10-3-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
James W. Downey
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James Downey 2400 W-51st Ter

3 A

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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Pa Ks.

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.