

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013595

FILED MAY 1 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1564

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) 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 4235 Locust | | Length of stay in lb 42 yrs. | d. STREET ADDRESS (If outside, give location) 4235 Locust Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) Celia Vansant | | | 4. DATE OF DEATH Month Day Year April 9, 1959 | | |
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|-------------------------|----------------------------------|---|--|--|---|-------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10 Oct 1876 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days Hours Min. | 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) At Home | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Chicago, Illinois | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME David Snow Goegins | 13b. MOTHER'S MAIDEN NAME Ada Jane McCoy | 14. NAME OF HUSBAND OR WIFE J. Riley Vansant |
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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 Address Mrs. F. W. Moore, Chicago, Illinois |
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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) Broncho pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 6 days 10 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Generalized arteriosclerosis | |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 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 |
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| 21. I attended the deceased from 9 Feb 1949 to 9 April 59 and last saw her/him alive on 9 April 1959 Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Blaine Z. Hubbard MD (Degree or title) | 22b. ADDRESS 411 Nichols Bld. Kansas City, Mo | 22c. DATE SIGNED 10 Apr 59 |
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| 23a. BURIAL, CREMATION, REINTERMENT Cremation | 23b. DATE April 13, 1959 | 23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Missouri | 25. DATE RECD. BY LOCAL REG. 4-13-59 | 26. REGISTRAR'S SIGNATURE Neval Minchell |
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Blaine Z. Hubbard USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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All diseases in part must be causally related.

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MS SEP 14 1960

MAY 12 1959

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 *William M. Turner*

Licensed Embalmer No. *4648*
P. O. Address *Kansas City, 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.

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