

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013597

FILED MAY 13 1959

Registration District No.

149

Primary Registration District No.

1002

STATE FILE NO.

1972

Registrar's No.

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 1114 Ewing		Length of stay in lb 45 Yrs		d. STREET ADDRESS (If outside, give location) 1114 Ewing		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BERTHA Middle AGNES Last VEST				4. DATE OF DEATH Month April Day 17 Year 1959			
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 16 1897		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Merwin Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James T Wells			13b. MOTHER'S MAIDEN NAME Maggie DeGroff		14. NAME OF HUSBAND OR WIFE Van W Vest		
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 Mr Van W Vest 1114 Ewing 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) abdominal metastatic carcinoma of the stomach						INTERVAL BETWEEN ONSET AND DEATH 7 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO: (b) carcinoma of the stomach							
DUE TO: (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992						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 1958 July to April 16-59 and last saw her alive on Apr 16-59 Died Apr 17-59 5:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (D, M or title) Olaf Coleman				22b. ADDRESS 5811 Luma Rd		22c. DATE SIGNED Apr. 20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4/20/59	23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery		23d. LOCATION (City, town, or County) (State) Belton Missouri		
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo			25. DATE RECD. BY LOCAL REG. 4-20-59		26. REGISTRAR'S SIGNATURE Neva Marshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

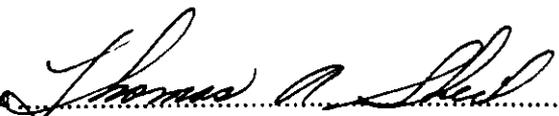
All diseases in Part I must be causally related.

Olaf Coleman

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 

Licensed Embalmer No. 4754
P. O. Address S. C. M.

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.