Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017498
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clinton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Clinton General — Length of stay in 1b D.O.A.

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) 332 So Denver — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Floyd Middle: J Last: VanDolah
4. DATE OF DEATH Month: May Day: 24 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 7 Apr ~~1905~~ 1904
9. AGE (In years last birthday) 55 — 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) Printer
10b. KIND OF BUSINESS OR INDUSTRY Hallmark Cards
11. BIRTHPLACE (City and state or country) Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Watson VanDolah
13b. MOTHER'S MAIDEN NAME Mary E. Barnes ~~Elizabeth Bray~~
14. NAME OF HUSBAND OR WIFE Thelma VanDolah
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-09-0189
17. INFORMANT Leslie K. Lee — Address 2308 Harris Indep, Mo

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) Myocardial Infraction — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
ITEM 8, 9, 13b, 2b 6-8-59 CORRECTED
BY: 1. AFFIDAVIT OF funeral director
2. DOCUMENT Mo. Birth Cert. #489312 filed aug 29, 1958
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 ~~No medical attendant~~ and last saw her alive on ~~D.O.A. on arrival at Clinton General Hosp.~~
Death occurred at ~~Approx. 5:45pm 5/24/59~~ on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE W. R. Bradshaw, MD (Degree or title) Henry Co. Coroner
22b. ADDRESS Clinton, Mo.
22c. DATE SIGNED 5/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 27.1959
23c. NAME OF CEMETERY OR CREMATORY Greenlawn cemetery
23d. LOCATION (City, town, or county) Kansas City (State) Mo
24. FUNERAL DIRECTOR Sickman & Dunning — ADDRESS Clinton, Mo
25. DATE RECD. BY LOCAL REG. 5-26-59
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 2 1959

VS JUN 8 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 R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.