

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029357

FILED VS AUG 21 1959

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 3907 STATE FILE NUMBER 357

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		Length of stay in 1b 16 yrs.	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 5743 Holmes		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 5743 Holmes Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Robert Middle White Last Vinyard			4. DATE OF DEATH Month Aug. Day 9, Year 1959			
5. SEX Male	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 May 17, 1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Bookkeeping Ser.		11. BIRTHPLACE (City and state or country) Overland, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME James Rush Vinyard		13b. MOTHER'S MAIDEN NAME Mary Henley		14. NAME OF HUSBAND OR WIFE Elinor M. Vinyard		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. W. # 2	16. SOCIAL SECURITY NO. 50 - 22 - 6 125	17. INFORMANT Elinor M. Vinyard, K. C., Mo.
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Coronary Occlusion	
	DUE TO (c) Arteriosclerotic Heart Disease.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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

21. I attended the deceased from **8-3-44** to **8-9-59** and last saw her/him alive on **8-4-59**
Death occurred at **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John H. Wheeler</i> (Degree or title)	22b. ADDRESS M.D. 411 Nichols Road, K. C. Mo.	22c. DATE SIGNED 8-10-59
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	-----------------------------------	--	---

24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 8-11-59	26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>
--	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **John H. Wheeler**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Yoder

Licensed Embalmer No. 417

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign 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.