RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-046404
STATE FILE NUMBER

FILED VS DEC 19 1960 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6076

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 23 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: BATES
c. CITY OR TOWN: ADRIAN — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): BOX 156 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: RUBY Middle: ALWILDA Last: VASSMER
4. DATE OF DEATH: Month December Day 1 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-24-18
9. AGE (last birthday): 42
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife- ACCOUNTANT
10b. KIND OF BUSINESS OR INDUSTRY: PAYROLL
11. BIRTHPLACE (City and state or country): West Liberty, Ky.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Mitchell Evans
13b. MOTHER'S MAIDEN NAME: Ada Havens
14. NAME OF HUSBAND OR WIFE: Albert Vassmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): PL 28
17. INFORMANT: VA Hospital Official Rcds, K.C.Mo Albert Vassmer, Adrian, Missouri

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): Coronary atherosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
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. VA attended the deceased from November 8, 1960, to December 1, 1960 and last saw him alive on
Death occurred at 12:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. H. Owings, M.D. (Degree or title) M.D.
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 12-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12/4/1960
23c. NAME OF CEMETERY OR CREMATORY: ENON CEMETERY
23d. LOCATION (City, town, or county): EXCELSIOR SPRINGS (State): MISSOURI

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 12-3-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W Stegner

Licensed Embalmer No. 37

P. O. Address K. C. 7

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

RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960 — Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 6076 — STATE FILE NUMBER -60-046404

DED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in Ib: 23 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: BATES
c. CITY OR TOWN: ADRIAN — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): BOX 166 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: RUBY — Middle: ALWILDA — Last: VASSMER
4. DATE OF DEATH: Month, Day, Year: December 1,1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-24-18
9. AGE (last birthday): 42 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife- ACCOUNTANT
10b. KIND OF BUSINESS OR INDUSTRY: PAYROLL
11. BIRTHPLACE (City and state or country): West Liberty, Ky.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Mitchell Evans
13b. MOTHER'S MAIDEN NAME: Ada Havens
14. NAME OF HUSBAND OR WIFE: Albert Vassmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): PL 28
16. SOCIAL SECURITY NO.: 499-16-4637
17. INFORMANT: VA Hospital Official Rcds, K.C.Mo — Albert Vassmer, Adrian, Missouri

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): Coronary atherosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
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. VA I attended the deceased from November 8, 1960 to December 1, 1960 and last saw him alive on.
Death occurred at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. R. N. CHANOS, M.D. (Degree or title) — O. R. N. Chanos, M.D.
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 12-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12/4/1960
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill EENON CEMETERY
23d. LOCATION (City, town, or county): EXCELSIOR SPRINGS — (State): MISSOURI

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 12-3-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

Item #23c Crown Hill Cemetery instead of Enon Cemetery 9-22-97
BY AFFIDAVIT OF funeral home DOCUMENT