

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043187

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10192
27004

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 181

NOV 26 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville,</u>			Length of stay in lb <u>5 hrs.</u>		c. CITY OR TOWN <u>Lees Summit</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>Lake Lotowana</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>Bertha June Vandeventer</u>				4. DATE OF DEATH Month <u>11</u> Day <u>17</u> Year <u>63</u>									
5. SEX <u>Fem</u>		6. COLOR OR RACE <u>White</u>		7. Marital Status <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/22/20</u>		9. AGE (last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Partner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Van's Party Shop</u>		11. BIRTHPLACE (City and state or country) <u>Geraldine, Montana</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>					
13a. FATHER'S NAME <u>Roy A Brown</u>				13b. MOTHER'S MAIDEN NAME <u>Gertrude Smallwood</u>				14. NAME OF HUSBAND OR WIFE <u>Joseph Vandeventer</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>Joseph Vandeventer, Lake Lotowana</u>							
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: <u>CEREBRAL HEMORRHAGE- MASSIVE</u> IMMEDIATE CAUSE (a) <u>ARTERIAL HYPERTENSION</u> 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)								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 <u> </u> a.m. <u> </u> p.m. <u> </u>		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 <u>NOV. 17 1963</u> to <u>NOV. 17 1963</u> and last saw her/him alive on <u>NOV. 17. 1963</u> Death occurred at <u>5:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>David J. Long MA</u> (Degree or title)						22b. ADDRESS <u>HARRISONVILLE, MO.</u>			22c. DATE SIGNED <u>12-19-63</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/20/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>					
24. FUNERAL DIRECTOR <u>Sheil Colonial F. Home</u> ADDRESS <u>Kansas City Mo</u>				25. DATE RECD. BY LOCAL REG. <u>11-19-63</u>		26. REGISTRAR'S SIGNATURE <u>Ray J. Sebee</u>							

USE BLACK INK OR TYPEWRITER RIBBON

7-1887-0112

DEC 2 1963

Ray Sebra
14115

How Long
Harrisburg Pa

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 [Signature]

Licensed Embalmer No. 03625

P. O. Address H. C. Messmer

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.