MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043187

STATE FILE NUMBER

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

FILED NOV 26 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY ~~Jackson~~ CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville, — Length of stay in 1b 5 hrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Lees Summit — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Lake Lotowana — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Bertha Middle June Last Vandeventer

4. DATE OF DEATH Month Day Year 11/17/63

5. SEX Fem
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/22/20
9. AGE (last birthday) 43 — 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) Partner
10b. KIND OF BUSINESS OR INDUSTRY Van's Party Shop
11. BIRTHPLACE (City and state or country) Geraldine, Montana
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Roy A Brown
13b. MOTHER'S MAIDEN NAME Gertrude Smallwood
14. NAME OF HUSBAND OR WIFE Joseph Vandeventer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 490-16-9739
17. INFORMANT Joseph Vandeventer, Address Lake Lotawana

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) CEREBRAL HEMORRHAGE- MASSIVE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIAL HYPERTENSION
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)

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. I attended the deceased from NOV.17 1963, to NOV. 17 1963 and last saw her/him alive on NOV. 17.1963
Death occurred at 5:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MA
22b. ADDRESS HARRISONVILLE, MO.
22c. DATE SIGNED 11-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/20/63
23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Sheil Colonial F. Home ADDRESS Kansas City Mo
25. DATE RECD. BY LOCAL REG. 11-19-63
26. REGISTRAR'S SIGNATURE Ray J Sebree

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1963

Ray Sebree
14115

Dr Long
Harrisonville Md.

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 John P. Shirk

Licensed Embalmer No. 3625

P. O. Address K. C. Missouri

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.