

FILED MAY 6 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0016576

CERTIFICATE OF DEATH

2423

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2423

DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. EGBERT NMN VERTREASE			2. Male		3. April 24, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS) MOS. DAYS		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Negro			5b. 80		6. 11-1-87	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS SPECIFY YES OR NO		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Kansas City			7c. Yes		7a. Veterans Administration Hospital,	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Missouri			9. USA		10. Widowed	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 489 12 1752			13b. Retired farm hand		13c. —	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14a. Missouri		14b. Clay	14c. Liberty		14d. Yes	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		STREET AND NUMBER		
15. Henry Vertrease		16. Jane Slaughter		14e. 430 North Water Street		
INFORMANT—NAME			ADDRESS (CITY, STATE, ZIP)			
17a. Garfield, son, 5506 E. 55th Kansas City, Mo.			17b. Veterans Administration Hospital, 4801 Linwood Blvd, Kansas City, Mo. 64128			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE						
(a) Respiratory failure						
DUE TO, OR AS A CONSEQUENCE OF:						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
(b) Pneumonia						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Renal failure and dehydration						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a. No	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c. M. 20d.		
(INJURY AT WORK (SPECIFY YES OR NO))		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a.		20b.		20c.		
CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR			AND LAST SAW HIM ALIVE ON MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a. VA ATTENDED THE DECEASED FROM 4-23-68			21b. 4-24-68		21c. 4-24-68	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD	
22a.			M. 22b.		YEAR HOUR	
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. LYNN HOWARD, M.D.			23b. <i>Lynn Howard MD</i>		23c. 4-24-68	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN STATE ZIP	
23a.			23b. Va Hosnital		23c. Kansas City, Mo.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. Burial		24b. Fairview Cemetery		24c. Liberty, Missouri		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. 4-27-68		24b. Church-Archer Funeral Home		24c. Liberty, Missouri		
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a.		25b. <i>Luther Bayb</i>		25c. 4-26-68		

DECEASED

PARENTS

CAUSE

CERTIFIER

BUR

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 2

10a. 80

10b.

11. 0

12. 2

13. 5932

14. 4

15. 4

16.

17.

18. 0

19. CREDITS

20.

USUAL RESIDENCE WHERE DECLARED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6003

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 _____

Licensed Embalmer No. 4448

P. O. Address Liberty, Mo.

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.