

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8662

FILED APR 7 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 974

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 OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 7 years	c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 2710 E. 36th	

3. NAME OF DECEASED (Type or Print) VINCENT	a. (First) VINCENT	b. (Middle) L.	c. (Last) MACH	4. DATE OF DEATH (Month) (Day) (Year) March 3 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1910	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 40
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk	10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (State or foreign country) Pierce City, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Martin Mach	13b. MOTHER'S MAIDEN NAME Mary Kaler	14. NAME OF HUSBAND OR WIFE Bernice Mach
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Army W.W. 2	16. SOCIAL SECURITY NO. 488-12-4683	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernice Mach	ADDRESS 2710 E. 36th K. C. Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant melanoma		INTERVAL BETWEEN ONSET AND DEATH 13 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS ¹ Conditions contributing to the death but not related to the disease or condition causing death. Operation			1911

19a. DATE OF OPERATION 1-12-51	19b. MAJOR FINDINGS OF OPERATION Hematoma beneath liver capsule	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 20, 1950**, to **Mar 3, 1951**, that I last saw the deceased **Valve on Mar. 3, 1951**, and that death occurred at **8:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE James H. O'Neil	(Degree or title) M.D.	23b. ADDRESS 424 Professional	23c. DATE SIGNED 3-4-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE March 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Galvany Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 3-5-51	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE WILKS FUNERAL HOME	ADDRESS 2315 Linwood K.C. Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Chas E. Wilks*

Licensed Embalmer No. *2644*

P. O. Address *19 C. 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 this body is not embalmed, fact should be so stated above.