

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20098**
2533

FILED JUN 30 1951

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE KANSAS b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 1 WEEK		d. STREET ADDRESS (If rural, give location) 4939 Adams	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) Walter Vance Congdon			4. DATE OF DEATH (Month) (Day) (Year) 6-12-51		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-13-1909	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner		10b. KIND OF BUSINESS OR INDUSTRY stamp co.		11. BIRTHPLACE (State or foreign country) Kansas City, MO.		12. CITIZEN OF WHAT COUNTRY? USA.	
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13a. FATHER'S NAME Claude H. Congdon		13b. MOTHER'S MAIDEN NAME Erma L. Vance		14. NAME OF HUSBAND OR WIFE Gertrude Congdon	
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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) NO		16. SOCIAL SECURITY NO. 486-01-1276		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gertrude Vance 4939 Adams St. Ks.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac infarct		DUE TO (b) Coronary artery disease			6-5-51	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-5, 1951, to 6-12, 1951, that I last saw the deceased alive on 6-12, 1951, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE P. M. Nunn (Degree or title) M.D.		23b. ADDRESS 1401 50th Blvd		23c. DATE SIGNED 6-13-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-14-1951	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 6-14-51		REGISTRAR'S SIGNATURE Steraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 BRUSH CREEK KANSAS CITY, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Basil Honey

Licensed Embalmer No. 4724

P. O. Address Oakland, M.

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.