No. 300
10.48

FILED SEP 25 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29727

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville.
d. STREET ADDRESS (If rural, give location) 705 W. Mechanic

3. NAME OF DECEASED (Type or Print)
a. (First) Helen b. (Middle) Gertrude c. (Last) VondeVeld.

4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1951

5. SEX Fe
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Apr. 15 - 1881
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months 5 Days 4 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Cass Co Missouri.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edwin VondeVeld
13b. MOTHER'S MAIDEN NAME Catherine Judy.
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Homer J. Clark Harrisonville.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition & Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

522 X

22. *I hereby certify that I attended the deceased from* Sept. 15, 1951, *to* Sept. 19, 1951, *that I last saw the deceased alive on* Sept 19, 1951, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE O. B. Barger **(Degree or title)** MD **23b. ADDRESS** Harrisonville Mo **23c. DATE SIGNED** 21 Sept 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 21-51
24c. NAME OF CEMETERY OR CREMATORY Raymore Cem.
24d. LOCATION (City, town, or county) Raymore (State) Mo

DATE REC'D BY LOCAL REG. Sept 21, 51
REGISTRAR'S SIGNATURE Dora Barnard
457
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Ross Tyler
ADDRESS Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
SEP 22 1951
CASS COUNTY
HEALTH DEPARTMENT

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.

Student Embalmer No.....

Signed Floyd Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.

No.