

X
No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8626

State File No.

1256

FILED MAR 29 1952

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 Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. CITY (If outside corporate limits, write RURAL and give township) Unknown	
c. LENGTH OF TOWNSHIP _____		d. STREET ADDRESS (If rural, give location) 1108 East 18th St. 3240	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospt.			

3. NAME OF DECEASED a. (First) Herbert	b. (Middle) _____	c. (Last) Vanness	4. DATE OF DEATH (Month) (Day) (Year) 3/10/52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) don't know	8. DATE OF BIRTH don't know	9. AGE (In years) (Months) (Days) (Hours) (Min.) Approx. 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant.		10b. KIND OF BUSINESS OR INDUSTRY general store		11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY? U.S.				

13a. FATHER'S NAME don't know	13b. MOTHER'S MAIDEN NAME don't know	14. NAME OF HUSBAND OR WIFE don't know
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. component) don't know	16. SOCIAL SECURITY NO. don't know	17. INFORMANT'S SIGNATURE OR NAME Jackson County Coroner	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complications which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fractured skull 2		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 2 car collision		
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 no relatives to sign Postmortem	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 3-9-52 12 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Dr. traffic Accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh B. Owens (Degree or title) OWENS 3	23b. ADDRESS 1024 Pratts Bldg	23c. DATE SIGNED 3-16-52
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 3/17/52	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		

DATE REC'D BY LOCAL REG. 3-17-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE H. Tigerman & Sons, K. C. Mo.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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 *H. LeRoy Mooney*

Licensed Embalmer No. 4276

P. O. Address *K. O. Mooney*

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.