

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28340****WED** AUG 15 1952

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3445			
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 township) Kansas City		c. LENGTH OF STAY (In this place) 68 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION 6710 Edgevale Road				d. STREET ADDRESS (If rural, give location) 6710 Edgevale Road					
3. NAME OF DECEASED (Type or Print) HERBERT		a. (First)		b. (Middle) F.		c. (Last) VANORDEN			
4. DATE OF DEATH July 29, 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 14, 1884		9. AGE (In years last birthday) Months Days 68			
5. SEX M		6. COLOR OR RACE W		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician - M.D.		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) South America		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Emmanuel Vanorden		13b. MOTHER'S MAIDEN NAME Bertha Doebley			
14. NAME OF HUSBAND OR WIFE Louise Vanorden		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW# I		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. J. A. Growdon, 1207 Stratford Rd. KC Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion. ANTECEDENT CAUSES Coronary Arterio Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis, DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Hypertension 4201 Left leg amputated March 1951 Right leg amputated October 1940				INTERVAL BETWEEN ONSET AND DEATH Sudden Known for 12 years 15 years 10-12 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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 Jan 1940 , to July 29, 1952 , that I last saw the deceased alive on July 27, 1952 , and that death occurred at 6:15 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE Carl R. Farris (Degree or title) Sure R. Farris M.D. O.				23b. ADDRESS 934 Argyle 1889 Taueses City Missouri		23c. DATE SIGNED July 30 52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-1-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 7-31-52		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Carlos Ferraris
Argyle, Pa.

Vi 82-07

SEP 19 1957

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 George Hammell

Licensed Embalmer No. 4425

P. O. Address 4 C MD

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.