

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42470

5558

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY <u>Jackson Co</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>		c. LENGTH OF STAY (in this place) <u>18 Day</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bagard - 0170</u>							
d. STREET ADDRESS <u>R#1</u>				(If rural, give location) <u>1 X</u>							
3. NAME OF DECEASED (Type or Print) <u>Charlene Regina Van Loo</u>			a. (First)			b. (Middle)					
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>12 17 1952</u>								
5. SEX <u>F</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>9-12-36</u>		9. AGE (In years last birthday) <u>16</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Falk, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					
13a. FATHER'S NAME <u>John Van Loo</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Rathwohl</u>			14. NAME OF HUSBAND OR WIFE <u>--</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>John Van Loo, Bagard, Mo R#1</u>			ADDRESS		
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) <u>Gastro-intestinal Hemorrhage</u>				DUE TO (b) <u>Thrombocytopenia</u>				<u>2 days</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>Lupus Erythematosus Dissemintata</u>				<u>3 days</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>acidosis</u>								<u>450 X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 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 <u>11-28</u> , 19 <u>52</u> , to <u>12-17</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>12-17</u> , 19 <u>52</u> and that death occurred at <u>1:30</u> p. m., from the causes and on the date stated above.											
23a. SIGNATURE <u>H. M. Gilkey</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1624 Prof Bldg</u>				23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec-18-1952</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>					
DATE REC'D BY LOCAL REG <u>12-18-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr C R Foster</u> ADDRESS <u>918 Brooklyn KC Mo</u>						

(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.....

*J. W. H. H. H.*  
Licensed Embalmer No. *3599*

P. O. Address *J. C. M. Co.*

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.