

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

16702

FEB 14 1953

BIRTH NO. ....

REG. DIST. NO. ....

149

PRIMARY REG. DIST. NO. ....

1002

Registrar's No. ....

445

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>10 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		3738	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3801 East 12<sup>th</sup> Street Terrace</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) <b>Le Roy</b> c. (Last) <b>Van Ness</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 28 1953</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 16, 1894</b>	
9. AGE (In years last birthday) <b>59</b>		10. MONTHLY OCCUPATION (Give kind of work during life, even if retired) <b>Carpenter</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hillsdale Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Albert Le Roy Van Ness</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth</b>			14. NAME OF HUSBAND OR WIFE <b>Agnes Catharine Van Ness</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>498-07-0551</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Perle Van Ness 3801 East 12<sup>th</sup> St. Terrace</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Arteriosclerotic Heart Disease</b>							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p align="right">4200</p>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>natural</b>		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:50 P.M.</b> , from the causes and on the date stated above.							
22a. SIGNATURE <b>Bugh B. Owens</b>				22b. ADDRESS <b>1134 Birch St. Bldg.</b>		22c. DATE SIGNED <b>1-23-53</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JAN 23 1953</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Green Forest</b>		23d. LOCATION (City, town, or county) (State) <b>SALEM Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-23-53</b>		REGISTRAR'S SIGNATURE <b>Beraldine Smith</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>D. N. Newkome</b>			

(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

*John B. Lewis*

Licensed Embalmer No. 4875

P. O. Address

KC MO

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.