

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18310  
2437

FILED MAY 27 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>86 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6546 Summit</b>		STREET ADDRESS (If rural, give location) <b>6546 Summit</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b>		b. (Middle) <b>20</b>	c. (Last) <b>VanGuilder</b>
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Feb. 26, 1867</b>	
9. AGE (In years last birthday) <b>86</b>		10. IF UNDER 1 YEAR Days <b>0</b>	
11. IF UNDER 24 HRS. Hours <b>0</b>		12. IF UNDER 1 MIN. Minutes <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>Edwin VanGuilder</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Macey</b>	
14. NAME OF HUSBAND OR WIFE <b>---</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Harriet Campbell, 6546 Summit</b>	
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) <b>Generalized arterio-sclerosis - Terminal</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Encephalo-malacia, secondary</b> DUE TO (c) <b>to cerebral arterio-sclerosis</b>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension - Myocardial Infarct</b>	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	
21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input type="checkbox"/> <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 19 38</b> , to <b>May 9 1953</b> , that I last saw the deceased alive on <b>May 9 1953</b> , and that death occurred at <b>3 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph E. Welker</b> (Degree or title) <b>MO MD</b>		23b. ADDRESS <b>836 Prof Bldg. K.C. Mo.</b>	
23c. DATE SIGNED <b>5-11-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>5-11-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>	
DATE REC'D BY LOCAL REG. <b>5-11-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>		ADDRESS <b>K.C. MO.</b>	

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

Dr. Joseph E. Walker  
836 Prof. Bldg.  
Rm. 6087

2 to 5 - Trinity Hosp.  
10:30 to 1

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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.....  
Signature of Student Embalmer

Signed.....

*Eugene J. Remon*

Licensed Embalmer No. 46,37

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.