No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21780

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2995

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: JOHNSON
c. CITY OR TOWN: LEAWOOD
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 8128 HIGH DRIVE

X 815 8

3. NAME OF DECEASED (Type or Print): a. (First) EDWIN b. (Middle) H c. (Last) VINCENT

4. DATE OF DEATH (Month) JUNE (Day) 11 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH MAY 7 1882

9. AGE (In years last birthday): 71 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMANAGER INTERNATIONAL BUSINESS MACHINE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): BATAVIA, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME HAMILTON E. VINCENT

13b. MOTHER'S MAIDEN NAME HANNAH FULLER

14. NAME OF HUSBAND OR WIFE LILLIAN W. VINCENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -------

16. SOCIAL SECURITY NO. 486-01-9900

17. INFORMANT'S SIGNATURE OR NAME MRS LILLIAN W. VINCENT — ADDRESS. 8128 HIGH DRIVE LEAWOOD, KANSAS

486-01-9900

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CARCINOMA of colon, with — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Metastases. — 2 Mo.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 153X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 27, 1951, *to* June 11, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 3 30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE John F. McDonnell, M.D. (Degree or Title)

23b. ADDRESS 315 Nichols Road, Kansas City, Missouri

23c. DATE SIGNED June 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

24b. DATE JUNE-13-1953

24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS

24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 6-13-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. Newcomer's Sons 1351 BRUSH CREEK KANSAS CITY MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert A. Jones

Licensed Embalmer No. 4927

P. O. Address 4125 Paseo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.