

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25225  
3544

State File No. ....

FILED AUG 6 - 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>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Archie</b>	
c. LENGTH OF STAY (in this place) <b>28 days</b>		d. STREET ADDRESS (If rural, give location) <b>0190 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			

3. NAME OF DECEASED (Type or Print)			34. DATE OF DEATH		
a. (First) <b>Bliss</b>	b. (Middle)	c. (Last) <b>Vansandt</b>	(Month) <b>July</b>	(Day) <b>16</b>	(Year) <b>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>April 28, 1887</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>18</b> Days	IF UNDER 24 HRS. Hours <b>18</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>4 miles north of Archie, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Cassius L. Vansandt</b>	13b. MOTHER'S MAIDEN NAME <b>Millie Decker</b>	14. NAME OF HUSBAND OR WIFE <b>Clara York Vansandt</b>
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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 ADDRESS <b>Lyle Vansandt Harrisonville, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH  <b>443X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Congestive Failure</b> <b>Auricular fibrillation</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>H.E.V.D.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Apr. 7, 1947**, to **July 16, 1953**, that I last saw the deceased alive on **July 16, 1953**, and that death occurred at **7:20 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. R. Black</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>924 Professional Bldg.</b>	23c. DATE SIGNED <b>7/17/53</b>
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24a. FUNERAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 19, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Adrian, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-17-53</b>	REGISTRAR'S SIGNATURE <b>Goulding Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Atkinson Brothers Archie, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 1959

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.....

*Robert W Atkinson*

Licensed Embalmer No. 4902

P. O. Address Archie, Missouri

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.