

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36132**
4755

FILED OCT 23 1953

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

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson 3698 | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (in this place) 55 yrs. | | d. STREET ADDRESS (If rural, give location) 69 4550 Nichols Parkway | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | |
| 3. NAME OF DECEASED a. (First) Nellie | | b. (Middle) G. | c. (Last) VAN TRUMP |
| 4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1953 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH 12-29-76 |
| 9. AGE (in years last birthday) 76 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Mammoth, Illinois / |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Edward D. Lehan | | 13b. MOTHER'S MAIDEN NAME Amy Nichols | 14. NAME OF HUSBAND OR WIFE Sidney K. VanTrump |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. — | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Amy VanTrump, 4550 Nichols Pkway, KC, Mo. |
| 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) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Hypertensive cardiovascular disease. Eremia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <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 Sept 26, 1953 , to Oct 1, 1953 , that I last saw the deceased alive on Oct 1, 1953 , and that death occurred at 9:20 am. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE James W. Fowler (Degree or title) James W. Fowler M.D. | | 23b. ADDRESS 1630 Professional Bldg | 23c. DATE SIGNED 10-2-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-3-53 | 24c. NAME OF CEMETERY OR CREMATORY St. Mary's | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| DATE REC'D BY LOCAL REG. 10-2-53 | REGISTRAR'S SIGNATURE Heraldise Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo. | |

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Dr. Jas. Fowler
Prof. Bldg.
after 11:30 - Friday.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.