

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26963

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Windsor</u>	
b. CITY OR TOWN <u>Windsor</u>	c. LENGTH OF STAY (in this place) <u>6 hours</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2318 Cypress 3351</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>KENNETH</u>	b. (Middle) <u>EARL</u>	c. (Last) <u>VANATTA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 11, 1932</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Finished Cam Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cam Products Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Claude Vanatta</u>	13b. MOTHER'S MAIDEN NAME <u>Hera Donatrough</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-32-9343</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vanatta</u>	ADDRESS <u>2318 Cypress 3351</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>airplane accident</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E866X 39</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) <u>Henry Co.</u>	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 checked="" 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 9-4, 1954, to 9-4, 1954, that I last saw the deceased alive on 9-4, 1954, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray B Jordan MD</u>	23b. ADDRESS <u>Windsor Mo</u>	23c. DATE SIGNED <u>9-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 4 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Scott Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Sept-6-54</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422- _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilkens Funeral Home</u>	ADDRESS <u>2315 Rimwood</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 306
10-48

SEP 30 1954

SEP 14 1954

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 *William M. J...*

Licensed Embalmer No. *464*

P. O. Address *Handed*

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.