

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8454

State File No.

FILED APR 14 1955

1252

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Drexel	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 days		STREET ADDRESS (If rural, give location) 019⁰1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) PEARL	b. (Middle) -	c. (Last) VAN METER	4. DATE OF DEATH (Month) (Day) (Year) March 18, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Garnette, Kansas. /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Minard A. McLellan	13b. MOTHER'S MAIDEN NAME Martha A. Callerman	14. NAME OF HUSBAND OR WIFE William A. Van Meter.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William A. Van Meter, Drexel, Missouri.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac & Respiratory collapse		8 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Peritonitis		72 hrs
DUE TO (c) Carcinoma sigmoid Colon with Perforation		Months	153X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-15-55	19b. MAJOR FINDINGS OF OPERATION Carcinoma Sigmoid Colon & Perforation and Peritonitis	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 3-17, 1955, to 3-18, 1955, that I last saw the deceased alive on 3-18, 1955, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl R. Knox	23b. ADDRESS 224 Rialto Bldg	23c. DATE SIGNED 3-19-55
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE March 20, 1955	24c. NAME OF CEMETERY OR CREMATORY Drexel Missouri.	24d. LOCATION (City, town, or county) (State) Drexel, Missouri.
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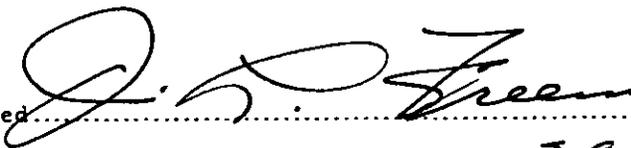
DATE REC'D BY LOCAL REG. 3-19-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY, Kansas City, Missouri.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 

Licensed Embalmer No. 29
P. O. Address F. O.

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.