

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12016

1625

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1625					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON							
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Thomas City		c. LENGTH OF STAY (In this place) LIFE		c. CITY OR TOWN LEE'S SUMMIT		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 Memorah Medical Center				STREET ADDRESS (If rural, give location) RT. # 3							
3. NAME OF DECEASED (Type or Print) a. (First) Lew			b. (Middle) Paul		c. (Last) Le Van		4. DATE OF DEATH (Month) (Day) (Year) 4 10 55				
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH JUNE 26, 1900		9. AGE (In years last birthday) 54 if UNDER 1 YEAR Days if UNDER 2 Hrs. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK			10b. KIND OF BUSINESS OR INDUSTRY STANDARD STEEL WORKS			11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME HERBERT JAMES LE VAN			13b. MOTHER'S MAIDEN NAME MARGARET STAUB			14. NAME OF HUSBAND OR WIFE JESSIE LEE LE VAN					
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. 500-12-4741		17. INFORMANT'S SIGNATURE OR NAME MRS. JESSIE LE VAN-RT.#3-LEE'S SUMMIT, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute infarct - large, left ventricle - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute thrombosis - anterior descending left coronary artery DUE TO (c) Organizing older infarct - large - left ventricle. due to occlusion rt. coronary artery				INTERVAL BETWEEN ONSET AND DEATH 2 hours 2 hours 2 months 2 months			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/20						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 April, 1947, to April 10, 1955, that I last saw the deceased alive on April 10, 1955, and that death occurred at 2 p. m., from the causes and on the date stated above.											
23a. SIGNATURE Jack W. Wolf (Degree or title) Jack W. Wolf M.D.				23b. ADDRESS 415 E. 63 Kansas City, Mo		23c. DATE SIGNED 4/10/55					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/13/55		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI					
DATE REC'D BY LOCAL REG. 4-12-55		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MELLODY*MGILLEY*EYLAR*KANSAS CITY, MISSOURI						

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

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Salvin Barton*.....

Licensed Embalmer No. *490*.....

P. O. Address *KC-MO*.....

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.