

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12204**
Registrar's No. **1614**

FILED APR 28 1955

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1614	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ARKANSAS b. COUNTY ASHLEY			
b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY		c. LENGTH OF STAY (in this place) 2 months		c. CITY OR TOWN WILMOT		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION WHEATLEY PROV. HOSPITAL				e. STREET ADDRESS (If rural, give location) BOX 273			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN HENRY b. (Middle) [REDACTED] c. (Last) VANZANT			4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 1955				
5. SEX 3 FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH OCTOBER 2 1909	9. AGE (In years last birthday) 45	f. UNDER 1 YEAR Months	g. UNDER 1 YEAR Days	h. UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASS COUNTY AGENT		10b. KIND OF BUSINESS OR INDUSTRY STATE OF ARK		11. BIRTHPLACE (City and State or Foreign Country) WILMOT ARK. 1		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME JOHN HENRY JACKSON		13b. MOTHER'S MAIDEN NAME ANNA A PENRY		14. NAME OF HUSBAND OR WIFE WILLIAM VANZANT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If you, give war or dates of service) 489-24-2681		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LILLIE J. CLICK (sister) K.C.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES Carcinoma of Breast. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 170X	
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? APRIL			
22. I hereby certify that I attended the deceased from Feb. 22 1955 , to March 8, 1955 , that I last saw the deceased alive on March 8, 1955 , and that death occurred at 9:50P m., from the causes and on the date stated above.							
23a. SIGNATURE William H. Bryan (Degree or title) M.D.				23b. ADDRESS 2204 E. 18th St. K. C. Mo.		23c. DATE SIGNED 4-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April 12 55		24c. NAME OF CEMETERY OR CREMATORY Second Baptist Cem		24d. LOCATION (City, town, or county) (State) WILMOT (ashley CO) ARK	
DATE REC'D BY LOCAL REG 4-11-55		REGISTRAR'S SIGNATURE Reva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Funeral Home Kansas City Mo			

(Licensed Embalmer's Statement on Reverse Side)

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 *C. Kenneth Reynolds*

Licensed Embalmer No. *447*

P. O. Address *Town*

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.