

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22438

FILED AUG 11 1955

State File No. 3164

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

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (In this place) **8 MO.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **LONGS NURSING HOME**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **306 W 81st Street Terrace 3448**

3. NAME OF DECEASED
a. (First) **Thomas** b. (Middle) **C** c. (Last) **Vandevanter**
4. DATE OF DEATH (Month) (Day) (Year) **7-9-1955**

5. SEX **D** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2** 8. DATE OF BIRTH **Aug. 29, 1867** 9. AGE (In years last birthday) **87**
IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 100 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mill Wright** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Benton County, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Arch Vandevanter** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **Ada Trumble Vandevanter**

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. **513-01-6328A** 17. INFORMANT'S SIGNATURE OR NAME **Mamie O'Reilly** ADDRESS **8135 Wornoll Rd. Ke, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerosis**
ANTECEDENT CAUSES (b) **Arteriosclerosis**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
45⁰

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **12. 6. 54**, 19____, to **7-9-55**, 19____, that I last saw the deceased alive on **7-9-55**, 19____, and that death occurred **6:45 AM.**, from the causes and on the date stated above.

23. SIGNATURE **Frank Paul Lautenzell** (degree or title) **MD** 23b. ADDRESS **428 South White Ave** 23c. DATE SIGNED **7-9-55**

24. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7-9-55** 24c. NAME OF CEMETERY OR CREMATORY **Platte City Cemetery** 24d. LOCATION (City, town, or county) (State) **Platte City, Mo.**

DATE REC'D BY LOCAL REG. **7-25-55** REGISTRAR'S SIGNATURE **Gene Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Rollins-Mitchell Funeral Home** ADDRESS _____

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 *Roland M. Giffey*.....

Licensed Embalmer No. *472*

P. O. Address *State City*.....

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.