

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22439**
2977

FILED AUG 3-1955

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

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 1 hour	c. CITY OR TOWN Overland Park, Mo		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 631 Greenway Terh.			STREET ADDRESS (If rural, give location) 7725 Maple Ave.		
3. NAME OF DECEASED (Type or Print) WALDO	a. (First)	b. (Middle) HUGH	c. (Last) VANDEVENTER	4. DATE OF DEATH (Month) (Day) (Year) July 10, 1955	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 3, 1914	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Adv. and Ins.	11. BIRTHPLACE (City and State or Foreign Country) Columbia, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm. Henry Vandeventer		13b. MOTHER'S MAIDEN NAME Ethel Graff		14. NAME OF HUSBAND OR WIFE Elizabeth Jane Vandeventer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #II	16. SOCIAL SECURITY NO. 494-30-9807	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Elizabeth Jane Vandeventer, 7500 Maple Road, Overland Park, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis 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 4201
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) m.	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 July 10, 1955 , to July 10, 1955 , that I last saw the deceased alive on July 10, 1955 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE H.P. Baughman, M.D. (Degree or title)			23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 7/11/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-13-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-12-55	REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCURE UND. CO.		ADDRESS K.C.MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. P. K...
315 ...
To ...

12 A 4 ...

1950 8 90M

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 *Elmer D. Tipton*

Licensed Embalmer No. *451*

P. O. Address *Kansas 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.