

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26545**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3411</b>					
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>							
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>25 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>None 529 Montgall</b>				STREET ADDRESS (If rural, give location) <b>10 529 Montgall 310 2</b>							
3. NAME OF DECEASED (Type or Print) <b>Remi Van Compernelle</b>			a. (First) <b>Remi</b> c. (Last) <b>Van Compernelle</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8/5/55</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Wh.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8/27/1881</b>					
9. AGE (In years last birthday) <b>73 7/9</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>9</b>		IF UNDER 24 HRS. Hours <b>11</b> Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>City Civil Service</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Belgium 4</b>					
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13a. FATHER'S NAME <b>Henry Van Compernelle</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Colman</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Van Compernelle</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>487-09-6214</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Henry Van Compernelle</b>			ADDRESS <b>529 Montgall</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Return Chest Heart Disease</b> 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 <b>4 2/3</b>			
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)			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title) <b>3</b>					23b. ADDRESS <b>6627 Brookside Ave</b>		23c. DATE SIGNED <b>8-5-55</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/8/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>8-6-55</b>			REGISTRAR'S SIGNATURE <b>Reva Minshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Skel</b> ADDRESS <b>K.C. Mo.</b>					

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 *Richard C. Carroll*.....

Licensed Embalmer No. *482*

P. O. Address *R.C. No.*

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.