

No. 300
10.48

0073

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

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Cadett</u> c. LENGTH OF STAY (in this place) <u>hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri</u> \$150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>25 mile Post Lake Park</u>		d. STREET ADDRESS (If rural, give location) <u>6010 W 62</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roland</u> b. (Middle) <u>Jack</u> c. (Last) <u>De Vasher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 9-1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 1-1916</u>
9. AGE (In years, Months, Days) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales man</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Welch La</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles De Vasher</u>		13b. MOTHER'S MAIDEN NAME <u>Maryella Scott Catherine</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes World War II</u>	
16. SOCIAL SECURITY NO. <u>487-16-6154</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs R. De Vasher above</u>	
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) <u>Accidental Drowning</u> DUE TO (b) <u>Deep water - large body of water</u> DUE TO (c) <u>Fall from motor boat</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Unable to remove all of heavy clothing</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>clothing - pants hung on heavy shoes - a</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office, etc.) (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>accident Lake of the Park 25 mile Post Lake, Camden MO</u>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Oct 9 1955 3:30 p.m.</u>	
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21d. HOW DID INJURY OCCUR? <u>Thrown by accident in Lake of the Park</u>	
22. I hereby certify that I attended the deceased from <u>Oct 13 1955</u> , to <u>Oct 9 1955</u> , and that death occurred at <u>8:30 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Abbie Baukman Woolsey, Coroner Camden MO</u>		23b. ADDRESS <u>Oct 13 1955</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>no</u>	
24b. DATE <u>Oct 15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>42 - Mellody - Mc Gilly Eyles K.C. Mo.</u>	
DATE REC'D BY LOCAL REG <u>Oct 14-1955</u>		REGISTRAR'S SIGNATURE <u>Zilpha Drow</u>	

DEC 23 1955

NOV 15 1955

JUL 17 1956

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
Student Embalmer

Signed Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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 this body is not embalmed, fact should be so stated above.