

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40943

State File No. _____

5502

FILED JAN 11 1956

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 23 yrs		e. STREET ADDRESS (If rural, give location) 54 2533 Van Brunt	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 2533 Van Brunt			
3. NAME OF DECEASED (Type or Print) a. (First) RALPH b. (Middle) B. c. (Last) VANNEMAN		4. DATE OF DEATH (Month) (Day) (Year) 12-17-55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 7th 1887
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Whse Paper Jobber		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Sidell, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Franklin Miller VANNEMAN	
13b. MOTHER'S MAIDEN NAME Margaret Canada		14. NAME OF HUSBAND OR WIFE Elizabeth Marie Vanneman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-22-1059	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Vanneman		ADDRESS 2533 Van Brunt	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarc of Prostate DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metas to pelvic bones	
INTERVAL BETWEEN ONSET AND DEATH 8 mo 3 1/2 yrs 1 yr		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <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 10-24, 1952 , to 12-17, 1955 , that I last saw the deceased alive on 11-22, 1955 , and that death occurred at 6:25 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. A. Stagg (Degree or title) 0		23b. ADDRESS 1030 Apple K.C. Mo.	
23c. DATE SIGNED 12-17-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-19-55	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 12-17-55		REGISTRAR'S SIGNATURE Reva Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar		ADDRESS 1800 E. Linwood	

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

Walter C. Thompson

*A. W. H. H. H. H.
Angyle Bldg. 40
Vi - 25618*

Sept 2, 30 PM

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.....
Licensed Embalmer.....
P. O. Address.....

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.