

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

41779

5332

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		Length of stay in lbs 46 YEARS	d. STREET ADDRESS (If outside, give location) 1240 WHITE AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ABNER Middle BENSON Last VANN			4. DATE OF DEATH Month DEC. Day 5 Year 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-5-1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10. USUAL OCCUPATION (Give kind of work done RETURNED TO WORK, even if retired) SUPERVISOR - RAILROAD TIE TREATMENT PLANT		10b. KIND OF BUSINESS OR INDUSTRY ROCK ISLAND R.R.		11. BIRTHPLACE (City and state or country) SEAL ALABAMA	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Abner Benson VANN		
14. MOTHER'S MAIDEN NAME Sarah Henry			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. none			17. INFORMANT Address MARK S. VANN 915 TUCSON BLVD TUCSON ARIZONA		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic coronary artery disease DUE TO (b) my acute attack 12-4-56 DUE TO (c) old chronic arterio sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) He had recurrent attacks					INTERVAL BETWEEN ONSET AND DEATH 4201
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) -			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -		20f. CITY, TOWN, OR LOCATION -		COUNTY STATE	
21. I attended the deceased from over one year 12-5-56 and last saw her alive on 12/5/56 Death occurred at 11:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE I. S. BOURKE (degree or title)			22b. ADDRESS M.D. 1207 Rialto Bldg. KC Mo		22c. DATE SIGNED 12/7/56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC-10-1956	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEINCOMER'S SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 12-8-56	26. REGISTRAR'S SIGNATURE Neal Marshall

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Basil V. Honey*.....

Licensed Embalmer No. *472*

P. O. Address *N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.