

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41780**

FILED JAN 14 1957

Registrar's No. **5541**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5541	
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. LENGTH OF STAY (in this place) 25 Yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3230 Bellefontaine				e. STREET ADDRESS (If rural, give location) 3230 2416 E. 22nd St.			
3. NAME OF DECEASED (Type or Print) a. (First) Elmer			b. (Middle) Vann		c. (Last) Vann		4. DATE OF DEATH (Month) (Day) (Year) 12 16 56
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 14 1900	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Foreman			10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel		11. BIRTHPLACE (City and State or Foreign Country) Wimer, Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Riley Vann			13b. MOTHER'S MAIDEN NAME Lilly Riley		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 487-05-4760		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irene Pennington Mack Tulsa, Okla		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Regurgitation		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					4-11 11:15
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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 12-9- 19 56 , to 12-16- 19 56 , that I last saw the deceased alive on 12-16- 19 56 , and that death occurred at 6:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. M. Walden (Degree or title) MD				23b. ADDRESS 1738 Troost Ave.		23c. DATE SIGNED 12-17-56	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 12-22-56		24c. NAME OF CEMETERY OR CREMATORY Maple Hill		24d. LOCATION (City, town, or county) (State) Kansas City Kans	
DATE REC'D BY LOCAL REG. 12-21-56		REGISTRAR'S SIGNATURE Reva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manlove & Williams 1729 Lydia			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 465

P. O. Address K 5 2nd

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.