

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-0 1423

State File No.

2859

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>35 yrs. 3</u>	c. CITY OR TOWN <u>Kansas City</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 Independence</u>		e. STREET ADDRESS (If rural, give location) <u>820 Independence Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>GOLDIE</u>		a. (First)	b. (Middle)	c. (Last) <u>VANCE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1957</u>			
5. SEX <u>3</u> <u>Fe</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>		8. DATE OF BIRTH <u>Dec. 25, 1894</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>? Staples</u>	13b. MOTHER'S MAIDEN NAME <u>Clara ?</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Vance</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norris Vance 820 Independence</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Get Cerebral Haemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>May 13-57</u> <u>3 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Lobar Pneumonia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 May 14, 1957, to June 14, 1957, that I last saw the deceased alive on June 14, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Brathwaite</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>107 James K. C. Lane</u>	23c. DATE SIGNED <u>June 17-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-21-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>6-18-57</u>	REGISTRAR'S SIGNATURE <u>Alva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nathan W. Nathan</u>	ADDRESS <u>R.O.D.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
H. M. Brathwaite

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 *Clifford Woods*

Licensed Embalmer No. *310*

P. O. Address *1520 N. C.*

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.