

300
 -56
 health, Welfare
 Public
 Service
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Glenn W. Springer

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28382

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3676

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 type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 451 S White		Length of stay in hospital 4 1/2 yrs	d. STREET ADDRESS (If outside, give location) 451 S White Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Steven Van Egdorn		4. DATE OF DEATH Month Aug Day 3 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov, 5, 1899
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister, Missionary		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Holland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Antonie Van Egdorn	
14. MOTHER'S MAIDEN NAME Jeanette Van Maanen		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. 312-34-5554		17. INFORMANT Wife, Address Avis Van Egdorn 451 S White K.C.Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral circulatory Collapse DUE TO (b) Carcinoma of liver (m.m.o.) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Metastases to abdominal organs			INTERVAL BETWEEN ONSET AND DEATH 3 days 1 yr. 1561
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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		CITY _____ COUNTY _____ STATE _____	
21. I attended the deceased from March 3, 1953 to August 3, 1957 and last saw ^{her} him alive on August 2, 1957 . Death occurred at 11:10 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Glenn W. Springer, D.O.		22b. ADDRESS 5902 St. John ave. Kansas city, Mo.	
22c. DATE SIGNED 8-3-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Aug. 5, 1957		23c. NAME OF CEMETERY OR CREMATORY Jackson Township Cemetery	
23d. LOCATION (City, town, or county) Montezuma Iowa		(State) _____	
24. FUNERAL DIRECTOR MRS. C. L. FORSTER FUNERAL HOME, INC. KANSAS CITY, MISSOURI		25. DATE RECD. BY LOCAL REG. 8-5-57	
26. REGISTRAR'S SIGNATURE Neva Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Glenn W. Springer

KP 2

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 *J. Daniel Harris*
Licensed Embalmer No. 38

P. O. Address *J. 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.