

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32229

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1.001 Registrar's No. 4074

| | | | | | |
|--|-------------------------------|---|--|---|---|
| 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, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>KANSAS CITY</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u> | | Length of stay in lb. <u>2 1/2 YRS.</u> | d. STREET ADDRESS <u>315 E. 9TH STREET</u> | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>VAN METER</u> Last <u>VAN METER</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>31</u> Year <u>1957</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>October 4, 1901</u> | | 9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>3</u> Hours <u>15</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STACKMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Annual Motor</u> | | 11. BIRTHPLACE (City and state or country) <u>Fleming, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>John Van Meter</u> | | | 14. MOTHER'S MAIDEN NAME <u>Frances Hardin</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>190-16-9873</u> | | 17. INFORMANT <u>Mrs. Wilma Van Meter Kansas City, Missouri</u> Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma of Right Lung with metastases to Pleura, Liver and subcutaneous tissue</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 months</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | <u>1624</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____ | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ g. 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 <u>Feb 11 1957</u> to <u>Aug 31 1957</u> and last saw <u>him</u> alive on <u>Aug 30 1957</u> Death occurred at <u>8:15</u> <u>A</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Ronald E. Mac Intire</u> (Degree or title) | | | 22b. ADDRESS <u>4620 Federal Key</u> | | 22c. DATE SIGNED <u>8/31/57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>August 31, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memory Gardens</u> | | 23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Richmond Memorial Home</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>8-31-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Ronald E. Mac Intire</u> | |



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 *George J. Pitt*.....

Licensed Embalmer No. *406*

P. O. Address *Pittsburgh*

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.