

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039283

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 153

5. 300
1-57

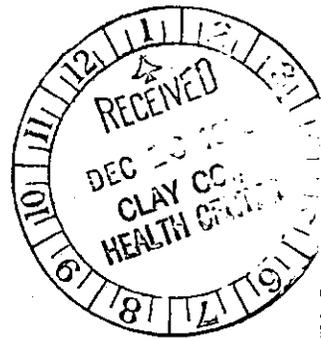
1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bladstone</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <i>35 yrs</i>		<i>3134 Indiana Rd</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Joseph M Vandevool</i>		4. DATE OF DEATH Month Day Year <i>Nov. 30 1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 11 1900</i>
9. AGE (In years last birthday) <i>58</i>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman Wool Bros Clothing</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mercur Co. Mo</i>	
11. BIRTHPLACE (City and state or country) <i>U.S.A</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Benjamin Vandevool</i>		13b. MOTHER'S MAIDEN NAME <i>Katie Locke</i>	
14. NAME OF HUSBAND OR WIFE <i>Irene Vandevool</i>		Address <i>K.C. 16 Mo</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>486-01-1288</i>	
17. INFORMANT <i>Mrs Irene Vandevool</i>		Address <i>K.C. 16 Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio sclerotic heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10 min.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>none</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT. SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>4200</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <i>Jan 1, 1950</i> to <i>Nov 30, 1958</i> and last saw him alive on <i>Nov 27, 1958</i> Death occurred at <i>10 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Edwin Fisher M.D.</i>		22b. ADDRESS <i>306 E 21st W. City Mo</i>	
22c. DATE SIGNED <i>12-1-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Dec 2-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Belot Grove Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Davies Co Mo.</i>	
24. FUNERAL DIRECTOR <i>D.W. Newcomer</i>		ADDRESS <i>1331 Brookland</i>	
25. DATE RECD. BY LOCAL REG. <i>12-1-58</i>		26. REGISTRAR'S SIGNATURE <i>Allice Humphries, Deputy</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 18 1958



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 *Glenn H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, Mo*

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.