Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013593

STATE FILE NUMBER 1682

FILED MAY 1 1959

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RESEARCH HOSPITAL — Length of stay in this place: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Higginsville 0540 — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 2711 Walnut — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: ~~MABEL~~ Mable Middle: — Last: VAN BOENING

4. DATE OF DEATH: Month APRIL Day 1 Year 1959

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: JULY 22, 1922
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): unknown
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: George Meyer
13b. MOTHER'S MAIDEN NAME: Hilda Schmidt
14. NAME OF HUSBAND OR WIFE: LESTER VAN BOENING

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-26-2905
17. INFORMANT: Lester Van Boening Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ventricular Fibrillation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congenital Heart Disease — Atrial Septal Defect
DUE TO (c): Postoperative — Subsequent to Cardiotomy under Hypothermia.
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7543

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Mar. 28, 1959, to April 1, 1959 and last saw her alive on April 1, 1959
Death occurred at 9:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hector W. Benoit Jr. (Degree or title) M.D.
22b. ADDRESS: 4620 Nichols Pkwy, K.C. Mo.
22c. DATE SIGNED: April 2, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Apr. 2, 1959
23c. NAME OF CEMETERY OR CREMATORY: Blackburn Cem.
23d. LOCATION (City, town, or county): Blackburn ~~Higginsville~~ (State): Missouri

24. FUNERAL DIRECTOR: D.W. Newcomer's Sons, K.C. Missouri ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-2-59
26. REGISTRAR'S SIGNATURE: Nera Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hector W. Benoit Jr.

AUG 19 1959

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 Chester K Brown

Licensed Embalmer No. 493

P. O. Address Keno

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.