

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021839

FILED JUL 7 1959

Registration District No. 146

Primary Registration District No. 3026

STATE FILE NUMBER
Registrar's No. 262

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) Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. San. & Hospital		Length of stay in hospital 1 month		d. STREET ADDRESS 218 South Osage		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle FRANCIS Last VANTINE				4. DATE OF DEATH Month June Day 5th Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 17, 1876	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Employee		10b. KIND OF BUSINESS OR INDUSTRY Waggoner Mill Co		11. BIRTHPLACE (City and state or country) Tonganoxie, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Vantine		13b. MOTHER'S MAIDEN NAME Amanda McKeehen		14. NAME OF HUSBAND OR WIFE Unknown	
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. 490-09-0927		17. INFORMANT Address Hubert Quigley, Leawood, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Conjestion & Edema						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Right Lung							
DUE TO (c)							
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 _____ 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		COUNTY STATE	
21. I attended the deceased from May 16, 1959 to June 5, 1959 and last saw her alive on June 5, 1959 Death occurred at 1:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James B. Pridgen, M.D.</i> (Degree or title)			22b. ADDRESS 1507 W. Truman Rd Independence Mo			22c. DATE SIGNED Jun. 5-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Hubbel Cemetery		23d. LOCATION (City, town, or county) (State) Tonganoxie, Kansas		
24. FUNERAL DIRECTOR Wuisenberry Funeral Home Tonganoxie, Kansas			25. DATE RECD. BY LOCAL REG. 6-8-59		26. REGISTRAR'S SIGNATURE <i>James S. [Signature]</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 28 1960

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 *C Hervey Quisenberry*

Licensed Embalmer No. *4070*
P. O. Address *Tonganohoe*

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.