

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025488

STATE FILE NUMBER 3299

JUL 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3299

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) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 131 No Lawdale		d. STREET ADDRESS (If outside, give location) 131 No Lawdale	
Length of stay in lb 55 Yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GUSTAV Middle Van Last DIERENDONCK			4. DATE OF DEATH Month July Day 4 Year 1959			
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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 April 23 1880	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Gardner	11. BIRTHPLACE (City and state or country) Belgium	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ferdinand Van Dierendonck	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Sylvia Van Dierendonck
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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. 414-30-6341	17. INFORMANT Address Sylvia Van Dierendonck 131 No Lawdale K C Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary infarction	1 week
	DUE TO (c) arteriosclerosis	5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	

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
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21. I attended the deceased from **June 29, 1959** to **July 3, 1959** and last saw him alive on **July 3, 1959**
Death occurred at **1:40 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenn W. Springer, D.O.	22b. ADDRESS 5902 St. John Ave. Kansas City, Mo.	22c. DATE SIGNED 7-6-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 6 1959	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery Mt. Washington Cemetery	23d. LOCATION (City, town, or county) (State) North Kansas City Missouri
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24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo	25. DATE RECD. BY LOCAL REG. 7-6-59	26. REGISTRAR'S SIGNATURE Beverly Marshall
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MEDICAL CERTIFICATION
Glenn W. Springer ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

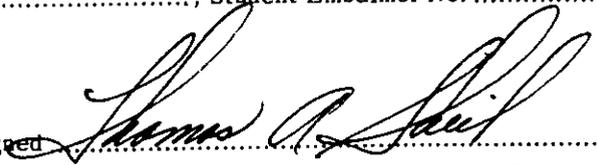
VS
JUL 12 1930

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



Licensed Embalmer No. 4954

P. O. Address. X O M

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.