DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032676

FILED VS SEP 22 1959

Registration District No. 46 Primary Registration District No. 3026 Registrar's No. 403

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Independence — Length of stay in Ib: 4 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Indep. San & Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City 21 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 531 Harris — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GLENN Middle: W. Last: DE VORE

4. DATE OF DEATH: Month: Sept. Day: 11 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/10/04

9. AGE (last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.

11. BIRTHPLACE (City and state or country): Pontiac, Illinois

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Newton De Vore

13b. MOTHER'S MAIDEN NAME: Daisey Bucker

14. NAME OF HUSBAND OR WIFE: Ida De Vore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW2

16. SOCIAL SECURITY NO.: 486-03-4005

17. INFORMANT: Mrs. Ida De Vore — Address: 531 Harris Kansas City 21, Mo.

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): Carcinoma of Lung with — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Metastasis
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 Aug 11th, to Present and last saw ~~living~~ alive on 9/11/59
Death occurred at 11:15 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E B Hatton MD

22b. ADDRESS: Independence Mo

22c. DATE SIGNED: 9/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/14/59

23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cem.

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Geo. C. Carson & Sons Indep., Mo.

25. DATE RECD. BY LOCAL REG.: 9-14-59

26. REGISTRAR'S SIGNATURE: James L Craig

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 22 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indep., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c
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.