

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LEB VS
NDED

-60-023537
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown	Length of stay in 1b 2 yrs.	c. CITY OR TOWN Raytown	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7907 Elm		d. STREET ADDRESS (If outside, give location) 7907 Elm	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARION Middle RALPH Last VAN LANINGHAM	4. DATE OF DEATH Month 7 Day 7 Year 1960
--	--

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 9 17 1913	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
--------------------	-------------------------------	---	--------------------------------------	----------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Asst. Bus. Rep. Union	10b. KIND OF BUSINESS OR INDUSTRY Heavy Construction	11. BIRTHPLACE (city and state or country) Shaddic, Oklahoma	12. CITIZEN OF WHAT COUNTRY U. S. A
---	--	--	---

13a. FATHER'S NAME T. L. VanLaningham	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Dorothy VanLaningham
---	---------------------------	--

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. 520 03 7296	17. INFORMANT Mrs. Dorothy VanLaningham Address 7907 Elm
---	---	--

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 Embolus		INTERVAL BETWEEN ONSET AND DEATH
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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) fell into a ditch fracturing
20c. TIME OF INJURY Hour 6 a.m. 17 p.m. 60 Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK? <input checked="" 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.) manure house	20f. CITY, TOWN, OR LOCATION Johanson County Kans.	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Hugh A. Owens Coroner	22b. ADDRESS 1034 Piatt Bldg	22c. DATE SIGNED 7-8-60
23a. BURIAL OR CREMATION, REMOVAL (Specify) Burial	23b. DATE 7 9 1960	23c. NAME OF CEMETERY OR CREMATORY Floral Hills
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels, Inc. K.C. Mo		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

25. DATE RECD. BY LOCAL REG. 7-9-60	26. REGISTRAR'S SIGNATURE Jama Lee
---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 13 1960

JUL 22 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: Forrest D. Golden

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

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