MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 7 1961

-61-001785

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Independence Sanitarium — 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 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3701 Locust — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Everett Middle John Last Van Biber
4. DATE OF DEATH Month Jan Day 30 Year 1961
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-15-1884
9. AGE (last birthday) 76 — 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) Retired Postmaster
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov Post office
11. BIRTHPLACE (City and state or country) Indiana
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Taylor Van Biber
13b. MOTHER'S MAIDEN NAME Sarah McKnight
14. NAME OF HUSBAND OR WIFE Claudia Van Biber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Claudia Van Biber Address K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured aorta — INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) P.O. aortic aneurysm with dissection (removal + placement of Teflon graft) — days
DUE TO (c) — 1 day.
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 June 16, 1959 to Jan 30/1961 and last saw ~~her~~ him alive on 1/30/61
Death occurred at 1:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vance E. Link, M.D.
22b. ADDRESS 10901 Winner Rd Independence
22c. DATE SIGNED 1/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-1-61
23c. NAME OF CEMETERY OR CREMATORY Mound Grove
23d. LOCATION (City, town, or county) (State) Independence Mo
24. FUNERAL DIRECTOR Roland R. Speaks ADDRESS Independence Mo.
25. DATE RECD. BY LOCAL REG. 2-1-61
26. REGISTRAR'S SIGNATURE Vance E. Craig

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 9 1961

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Shelby, Mo.

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.