

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035036

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5010 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1  
28150  
3  
4 1  
5 2  
6  
7 1  
8 2  
9 4200  
10  
11  
12 66-0  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Richard L. Lehner, M.D.

**FILED OCT 15 1962**

1. PLACE OF DEATH  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Kansas** b. COUNTY **Johnson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **4 days**

c. CITY OR TOWN **Leawood** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Luke's Hospital** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **8120 Meadow Lane** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Nellie** Middle **T.** Last **Vilm**

4. DATE OF DEATH Month **9** Day **30** Year **1962**

5. SEX **Female**

6. COLOR OR RACE **White**

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **4-14-92**

9. AGE (last birthday) **70**

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) **Owner**

10b. KIND OF BUSINESS OR INDUSTRY **Antique Shop**

11. BIRTHPLACE (City and state or country) **Wymore, Neb.**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Michael Kearns**

13b. MOTHER'S MAIDEN NAME **Ellen Doyle**

14. NAME OF HUSBAND OR WIFE **Henry Vilm**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT Address **Mr. H. Duff Vilm Indiannapolis, Indiana**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Uterine leiomyosarcoma** INTERVAL BETWEEN ONSET AND DEATH **3 yrs**

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.  
 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 **Kansas City** COUNTY **Johnson** STATE **Mo.**

21. I attended the deceased from **Feb 8, 1960** to **Sept 30, 1962** and last saw her alive on **Sept 30, 1962**  
Death occurred at **1:15** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Richard L. Lehner, M.D.** (Degree or title)

22b. ADDRESS **1103 Grand Kansas City, Mo**

22c. DATE SIGNED **10/1/62**

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

23b. DATE **10-3-1962**

23c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet Cemetery**

23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR **Mellody-McGilley-Eylar** ADDRESS **Main**

25. DATE RECD. BY LOCAL REG. **10-2-62**

26. REGISTRARS SIGNATURE **Ruth Long**

USE BLACK INK OR TYPEWRITER RIBBON

**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 Wm A Gentry

Licensed Embalmer No. 5038

P. O. Address K.C. 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.