

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3817**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u> <u>132</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville</u>		0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>PEARL</u>		c. (Last) <u>VANVACTOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 3-1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov-17-1895</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>		IF UNDER 4 HRS. Hours <u>16</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trader</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trader</u>		11. BIRTHPLACE (State or foreign country) <u>Leonard, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Benjamin Vanvactor</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Stuart</u>		14. NAME OF HUSBAND OR WIFE <u>Ana Vanvactor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>71-48-3709</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms Ana Vanvactor</u>		ADDRESS <u>Shelbyville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>26 hrs</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____				4201	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-2-1949</u> to <u>3-2-1949</u> , that I last saw the deceased alive on <u>3-2-1949</u> , and that death occurred at <u>5:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.T. Rhoads</u>		(Degree or title) <u>D.O. Kirksville, Mo</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>2-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to</u>		24b. DATE <u>Mar-6-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-4-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u>		ADDRESS <u>Shelbyville, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 23 1949

MAR 14 1949

RECEIVED

District Health Officer No. 10

District File Number 3-49-450

Date Filed MAR 10 1949

**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, only

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clarence M. Billo

Licensed Embalmer No. 9375

P. O. Address Kirksville, 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 this body is not embalmed, fact should be so stated above.