

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4317**

BIRTH NO. _____ REG. DIST. NO. **23** PRIMARY REG. DIST. NO. **3014** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 415 Ford Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 Ford Ave.		d. STREET ADDRESS (If rural, give location) 415 Ford Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Nancy	b. (Middle) Beulah	c. (Last) Vervelen	4. DATE OF DEATH (Month) (Day) (Year) Mar. 7-49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 10-1880	9. AGE (In years last birthday) 68	10. MONTHS 10	11. DAYS 27	12. HOURS 	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY "		11. BIRTHPLACE (State or foreign country) Mecon County Mo.		12. CITIZEN OF WHAT COUNTRY? US.		

13a. FATHER'S NAME John Eppert	13b. MOTHER'S MAIDEN NAME Sarah Turner	14. NAME OF HUSBAND OR WIFE William A Vervelen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Lester Vervelen	ADDRESS Liberty Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Progressive Bulbar Paralysis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 352X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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?
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22. I hereby certify that I attended the deceased from **Feb.**, 19 **45**, to **March**, 19 **49**, that I last saw the deceased alive on **3-7-**, 19 **49**, and that death occurred at **1:26 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. M. Smith (Degree or title) D.O.	23b. ADDRESS Liberty Mo.	23c. DATE SIGNED 3-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 9-49	24c. NAME OF CEMETERY OR CREMATORY Fairview	24d. LOCATION (City, town, or county) Liberty (State) Mo.
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DATE REC'D BY LOCAL REG. MARCH - 8 - 49	REGISTRAR'S SIGNATURE Minnie Hayes	25. FUNERAL DIRECTOR'S SIGNATURE Church-Orcher Co. ADDRESS Liberty Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24
2
1

24
2
10

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-14-49

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 _____
Student Embalmer

Signed John Lankford

Licensed Embalmer No. 4448

P. O. Address Silvestria, 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.