

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36501

FILED DEC 8 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4064 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY OR TOWN Kidder		c. CITY OR TOWN Allamont	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Kidder			

3. NAME OF DECEASED (Type or Print) Mary Elizabeth Vanover			4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1949		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH May 23 1875	9. AGE (In years last birthday) 74	Months 6	Days 0	Hours -	Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Household	11. BIRTHPLACE (State or foreign country) Weatherby Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John F. Cleenger	13b. MOTHER'S MAIDEN NAME Katherine Snyder	14. NAME OF HUSBAND OR WIFE Rev. W. T. Vanover
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15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Leroy Minor Kidder, Mo	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failure of Right Kidney</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 11-13, 1949, to 11-23-49, that I last saw the deceased alive on 11-22-49, 1949, and that death occurred at 2 A m., Nov. 23 1949, from the causes and on the date stated above.

23a. SIGNATURE John F. Taylor (Degree or title) M.D.	23b. ADDRESS Pattonsburg Mo	23c. DATE SIGNED 11-23-49
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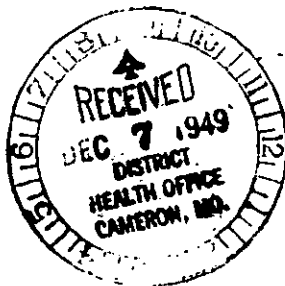
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE Nov 27 '49	24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery	24d. LOCATION (City, town, or county) (State) <u>Daviess Co Mo</u>
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DATE REC'D BY LOCAL REG. Nov 28/49	REGISTRAR'S SIGNATURE Gladys Jones 370	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bruce Fureur Howe</u>	ADDRESS <u>Hamilton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

13  
0  
8



**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 *R. M. Brane*  
Licensed Embalmer No. 3052

P. O. Address *Southdown, Md.*

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.