

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40498

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5502 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Henny</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henny</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bear Creek - Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose Rural</u>	
c. LENGTH OF STAY (in this place) <u>63 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Bear Creek, Twp</u>	
3. NAME OF DECEASED a. (First) <u>GEORGE FRANKLIN</u> b. (Middle) <u>VANSANT</u> c. (Last) <u>VANSANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 10, 1863</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	IF UNDER 1 HRS. Hours <u>1</u> Min. <u>19</u>	11. BIRTHPLACE (State or foreign country) <u>Stamton, Ill.</u>
10a. USUAL OCCUPATION (Give kind of work done in the most of working life, even if retired) <u>Retired harness</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Samuel A. Vansant</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. P. Vansant, Montrose, Mo.</u>		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4281</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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>May 4, 1950</u> , to <u>Dec. 29, 1950</u> , that I last saw the deceased alive on <u>Dec. 29, 1950</u> , and that death occurred at <u>5:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Baggerly M.D.</u>		23b. ADDRESS <u>Montrose, Mo.</u>	
23c. DATE SIGNED <u>12-30-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Montrose, R.R. Mo.</u>		DATE REC'D BY LOCAL REG. <u>Dec-31-1950</u>	
REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Vansant</u>	
ADDRESS _____		ADDRESS <u>Stamton, Ill.</u>	

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

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04270

RECEIVED 9-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-8-51

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 *J. A. Tarrant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton*

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.