No. 300
10-48

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23451

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 113

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville
c. LENGTH OF STAY (in this place): 46yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 428 N. Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville 0490
d. STREET ADDRESS (If rural, give location): 428 N. Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First): WAYNE
b. (Middle): EDWARD
c. (Last): VANDERGRIFT

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 9, 1905
9. AGE (In years last birthday): 46 — If under 1 year: Months 2, Days 2 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Liquor
10b. KIND OF BUSINESS OR INDUSTRY: Retail Liquor
11. BIRTHPLACE (State or foreign country): Carterville Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles W Vandergrift
13b. MOTHER'S MAIDEN NAME: Nancy Elizabeth Walker
14. NAME OF HUSBAND OR WIFE: Pansy Vandergrift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-14-8272
17. INFORMANT'S SIGNATURE OR NAME: Pansy Vandergrift — ADDRESS: Carterville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1948 *to* 7-11, 1951, *that I last saw the deceased alive on* 7-11, 1951, *and that death occurred at* 2:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): D.O.
23b. ADDRESS: Carterville Mo
23c. DATE SIGNED: 7-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1951
24c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery
24d. LOCATION (City, town, or county) (State): Carterville, Missouri

DATE REC'D BY LOCAL REG.: July 14-51
REGISTRAR'S SIGNATURE: [signature] M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Hedge Lewis — ADDRESS: Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-12-51
Jasper County Health Office
County File Number 51/7/575
Date Filed 2-12-51

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 Leonard J. Lewis Jr.
Licensed Embalmer No. 4561
P. O. Address Webb City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.