

FILED AUG 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27723**

18

BIRTH NO.		REG. DIST. NO. <b>237</b>		PRIMARY REG. DIST. NO. <b>5820</b>		Registrar's No. <b>18</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Gideon (Rural)</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Gideon, (Rural) Anderson TWP</b>		<b>0770</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location) <b>2 Miles East of Gideon, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lemuel</b> b. (Middle) <b>Otto</b> c. (Last) <b>Vandine</b>			4. DATE OF DEATH (Month) <b>8</b> (Day) <b>16</b> (Year) <b>1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-10-1896</b>		9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Dongola, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Vandine</b>			13b. MOTHER'S MAIDEN NAME <b>Amanda Revelle</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Vandine</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 1</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>4201</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary occlusion</b>  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.  INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>					
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 _____ 19____, to <b>8-16-51</b> , that I last saw the deceased alive on <b>8-10-51</b> , and that death occurred at <b>4:15 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Jos. Hopkins M.D.</b> (Degree or title)				23b. ADDRESS <b>Gideon, Mo.</b>		23c. DATE SIGNED <b>8-17-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-19-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Gillead</b>		24d. LOCATION (City, town, or county) (State) <b>Near Malden, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>8-17-51</b>		REGISTRAR'S SIGNATURE <b>Mrs. F. S. Hopkins R.N.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Floyd M. Russell</b> ADDRESS <b>Piggott, Mo.</b>			

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

RECEIVED

AUG 20 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

SEP 26 1951

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Gloyd M. Russell

Signed.....  
Student Embalmer

Licensed Embalmer No. 509 - Ark.

P. O. Address Piggott, Ark.

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.