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FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41189

State File No.

BIRTH NO. _____ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 5420 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Holcomb Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Holcomb Twp.</u>	
c. LENGTH OF STAY (In this place) <u>42 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Holcomb, Rte. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Holcomb Rte. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>SIDNEY</u> c. (Last) <u>VANCIL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 27 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 8, 1884</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cobden, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Marshall Vancil</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Randleman</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Vancil</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Vancil, Holcomb, Mo.</u>	
ADDRESS <u>Mo.</u>					

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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Two Months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Coronary Disease (Angina Pectoris)					
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis Hypertension</u>					
		DUE TO (c) <u>Chronic Gall bladder Disease</u>					
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 <u>4201</u>				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)	
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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 Oct 5, 1951, to Nov 27, 1951, that I last saw the deceased alive on Nov 21, 1951, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John E. Creman - DO</u>		23b. ADDRESS <u>Holcomb</u>		23c. DATE SIGNED <u>Nov 27, 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 29, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lloyd Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holcomb, Missouri R. 1</u>	
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DATE REC'D BY LOCAL REG. <u>12-4-51</u>		REGISTRAR'S SIGNATURE <u>J. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home Campbell, Mo</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT12-5-51.....
COUNTY FILE NUMBER ..1251-542

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

Christina M. Landes

Licensed Embalmer No.4227

P. O. Address *Campbell, M*

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.