

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1077

State File No.

FILED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5502 Registrar's No. 1

0470

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>HENRY</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Henry</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>Bear Creek Twp.</u>	
c. LENGTH OF STAY (in this place) <u>61 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>Montrose Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HIS HOME</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>EDWARD</u>	b. (Middle) <u>ALLEN</u>	c. (Last) <u>VANSANT</u>	<u>JAN. 11, 1952</u>		

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB. 17, 1890</u>	9. AGE (In years last birthday) <u>61</u>	10. MONTHS <u>10</u>	11. DAYS <u>24</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>HENRY CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANKLIN VANSANT</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN MILLER</u>	14. NAME OF HUSBAND OR WIFE
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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>YES W.W. I.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Vansant</u>	18. ADDRESS <u>Montrose, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUNSHOT WOUND OF HEAD</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 HR</u>
	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 <u>E976</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BEAR CREEK HENRY MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN. 11 1952 9:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SELF INFLICTED.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 11 JAN., 1952, and that death occurred at 10:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD Coroner</u>	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>12 Jan. 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Montrose, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Jan-13-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Vansant</u>	ADDRESS <u>Clinton, Mo.</u>
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RECEIVED

JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 21 1952

REC'D

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 A. J. Gausant

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.

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