

STANDARD CERTIFICATE OF DEATH

24270

State File No. ....

BIRTH NO. 41695  
# FILED JUL 23 1953

REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 201

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi S-E of Charois Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEVEN</u> b. (Middle) <u>RAY</u> c. (Last) <u>VAHRENBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>July 14-53</u>
9. AGE (In years) (Months) (Days) (If under 1 year last birthday) <u>— — —</u>		9. AGE (In years) (Months) (Days) (If under 1 year last birthday) <u>— — —</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Emil Vahrenberg</u>	
13b. MOTHER'S MAIDEN NAME <u>Vivian Curtis</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emil Vahrenberg</u> ADDRESS <u>Charois 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</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>774X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>July 14, 1953</u> , to <u>July 15, 1953</u> , that I last saw the deceased alive on <u>July 15, 1953</u> , and that death occurred at <u>9:15 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John S. Sennett, M.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>7-21-53</u>		23d. DATE	
23e. NAME OF CEMETERY OR CREMATORY <u>E+R CEMETERY</u>		23f. LOCATION (City, town, or county) (State) <u>Charois Mo</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>7-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E+R CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Charois Mo</u>		24e. DATE	
DATE REC'D BY LOCAL REG. <u>July 22-1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MR</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley E. Thayer</u> ADDRESS <u>Charois Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley E. Thayer</u> ADDRESS <u>Charois Mo</u>	

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

*has not embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Henry E. Dreyer*

Licensed Embalmer No.

*4639*

P. O. Address

*Amos, Mo.*

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.