

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25522**
Registrar's No. **24**

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **172** PRIMARY REG. DIST. NO. **5694**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Lincoln		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Lincoln	
c. LENGTH OF STAY (in this place) Native		d. STREET ADDRESS (If rural, give location) 0550 N. J. W.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) Ann c. (Last) Vandergriff			4. DATE OF DEATH (Month) (Day) (Year) 7-25-1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 11-6-1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Days 8 IF UNDER 1 HR. Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lawrence Co.	
12. CITIZEN OF WHAT COUNTRY? Native					

13a. FATHER'S NAME Matthew Hankins		13b. MOTHER'S MAIDEN NAME Jane Peterson		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Claude Vandergriff Miller Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		DUPLICATE OF (b) Chronic Nephritis				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (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			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) m.		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 **Jan 1952**, to **July 25, 1953**, that I last saw the deceased alive on **July 25, 1953**, and that death occurred at **1:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE L. J. Holmes M.D. (Degree or title)		23b. ADDRESS Miller Mo.		23c. DATE SIGNED 7-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-27-1953		24c. NAME OF CEMETERY OR CREMATORY Misener	
24d. LOCATION (City, town, or county) (State) E. J. Miller Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Morris Linnan		ADDRESS Miller Mo.	
DATE REC'D BY LOCAL REG. 8-4-53		REGISTRAR'S SIGNATURE W. S. Beverly		158	

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

300
48
50
1

670

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 _____

E. R. Lennion

Licensed Embalmer No. 3297

P. O. Address Miller 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.