

STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 2000 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1401 N Elson St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novinger	
c. LENGTH OF STAY (In this place) 6 mons.		d. STREET ADDRESS (If rural, give location) -----	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Kirksville			

3. NAME OF DECEASED (Type or Print) a. (First) JACOB	b. (Middle) GRANT	c. (Last) VANLANINGHAM	4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 24, 1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Miner	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Adair County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Vanlaningham	13b. MOTHER'S MAIDEN NAME Sarah Bleakley	14. NAME OF HUSBAND OR WIFE Julia Frankford (D)
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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 Mrs. A. C. Doss	ADDRESS 1401-N-Elson Kirksville Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH Several days
	ANTECEDENT CAUSES DUE TO (b) Kidney disease		
	DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Prostate enlargement Myocardial insufficiency	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 593X 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)	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 **June 4, 1953**, to **Aug 18, 1953**, that I last saw the deceased alive on **Aug 18, 1953**, and that death occurred at **8:40 a. m.**, from the eques and on the date stated above.

23a. SIGNATURE John R. Rodwick (Degree or title) D.O.	23b. ADDRESS 104 1/2 N Franklin Kirksville, Mo	23c. DATE SIGNED 8/20/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 21, 1953	24c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery	24d. LOCATION (City, town, or county) (State) Novinger, Missouri
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DATE REC'D BY LOCAL REG. 8-20-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis	ADDRESS Kirksville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri

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.