

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8145

State File No.

No. 300

10.48

BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5353** Registrar's No. **20**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY DALLAS	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Redtop RR	a. STATE Missouri	b. COUNTY Dallas
c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Redtop R.R. 0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) FRED	b. (Middle) L	c. (Last) WANATTA	(Month) 3	(Day) 20	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-12-1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR (Month) 9 (Day) 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Turner retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Wm Vanatta	13b. MOTHER'S MAIDEN NAME Ella Thatcher	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Frank Vanatta	ADDRESS Boonville
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden cardiac disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Missing feeding		
	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"/>
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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 2/18, 1954, to 3/20, 1954, that I last saw the deceased alive on 2/18, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. A. Glaves (Degree or title)	23b. ADDRESS Boonville	23c. DATE SIGNED 2/20/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-1954	24c. NAME OF CEMETERY OR CREMATORY Prairie Grove	24d. LOCATION (City, town, or county) (State) Dallas Co
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DATE REC'D BY LOCAL REG. 3-27-54	REGISTRAR'S SIGNATURE Frank Vanatta	25. FUNERAL DIRECTOR'S SIGNATURE L. B. Jones	ADDRESS Buffalo Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
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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.....

Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.