

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32906**

| | | | | | | | | | |
|---|--|--|--|--|---|---|--|----------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. V | | PRIMARY REG. DIST. NO. 3000 | | Registrar's No. 393 | | | |
| 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) Kirkville | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) Kirkville | | d. STREET ADDRESS (If rural, give location) 407-W-Illinois | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Kirks Osteopathic Hosp. | | | | d. STREET ADDRESS (If rural, give location) 407-W-Illinois | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) VERTIE | | b. (Middle) LEE | | c. (Last) VANDIVER | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1954 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH April 11, 1878 | | | |
| 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HR. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | | 11. BIRTHPLACE (State or foreign country) Coatsville, Missouri | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13a. FATHER'S NAME Benjamin See | | 13b. MOTHER'S MAIDEN NAME Deliah E. Smith | | 14. NAME OF HUSBAND OR WIFE Jim Vandiver | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ----- | | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Thorton, Kirkville, Mo. | | | ADDRESS 908-S-Bradford | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Medullary failure DUE TO (c) Cerebral vascular accident | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day 2 weeks 3 weeks | | |
| 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) 331X | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 Oct. 5, 1948 , to Oct. 24, 1954 , that I last saw the deceased alive on Oct. 24, 1954 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Howard E. Gross, M.D. | | | | 23b. ADDRESS 2 Kirkville, Missouri | | 23c. DATE SIGNED Oct. 26, 1954 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-26-54 | | 24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery | | 24d. LOCATION (City, town, or county) (State) Kirkville, Missouri | | | |
| DATE REC'D BY LOCAL REG. 10-26-54 | | REGISTRAR'S SIGNATURE Kate Lambert '0 | | 25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis | | ADDRESS Kirkville, Mo. | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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

Kingsville, 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.