

33451

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 9 - 1954

BIRTH NO.		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5358</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>Darriess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Darriess</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Colfax Twp.</u>		c. LENGTH OF STAY (in this place) <u>53 Yrs.</u>		c. CITY OR TOWN <u>Kidder</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				F. STREET ADDRESS (If rural, give location) <u>Rural - 3 1/4 mi. North Kidder</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Hugh</u> b. (Middle) <u>Commodore</u> c. (Last) <u>Vallandingham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 19, 1874</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY —			11. BIRTHPLACE (City and State or Foreign Country) <u>Darriess Co., Missouri</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>				13a. FATHER'S NAME <u>Richard L. Vallandingham</u>			
13b. MOTHER'S MAIDEN NAME <u>Mary A. Woodruff</u>				14. NAME OF HUSBAND OR WIFE <u>Louise Vallandingham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Vallandingham - Kidder, 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, ashenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>							
ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic atherosclerosis</u> <u>hypertension</u>							
DUE TO (c) <u>—</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>							
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) (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 <u>Oct 24, 1954</u> , to <u>Oct 25, 1954</u> , that I last saw the deceased alive on <u>Oct 24, 1954</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. ... MD</u>				23b. ADDRESS <u>Winston Mo</u>		23c. DATE SIGNED <u>10/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Winston Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-6-54</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engeller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Warrick A. Brown</u>		ADDRESS <u>Hamilton, Mo.</u>	

(Licensed/Embalmer's Statement on Reverse Side)

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

MS JUL 5 1960

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.....
Signature of Student Embalmer

Signed *Morris A. Brown*

Licensed Embalmer No... *39*

P. O. Address *Hamilton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.