

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3897**

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5112** Registrar's No. **8**

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

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville, Rural		c. LENGTH OF STAY (in this place) Lifetime	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Glennon		d. STREET ADDRESS (If rural, give location) Near Glennon	

3. NAME OF DECEASED (Type or Print) a. (First) Dina b. (Middle) C c. (Last) Vandeven			4. DATE OF DEATH (Month) (Day) (Year) Feb 4- 55		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 81 Mar, 26th 88	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 10 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (State or foreign country) Leopold Mo, 0	
12. CITIZENSHIP OF WHAT COUNTRY? U S.					

13a. FATHER'S NAME Charles Nenninger	13b. MOTHER'S MAIDEN NAME Dont Know	14. NAME OF HUSBAND OR WIFE Joe Vandeven
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME HENRY VANDEVEN ADDRESS Lutesville Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis		4 yrs.
	DUE TO (c) Hardening of the arteries		7 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mitral regurgitation			6 yrs.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Glennon Bollinger Mo.
21d. TIME OF INJURY No injury	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from **June 1953**, to **Feb 4, 1955**, that I last saw the deceased alive on **Feb 3, 1955**, and that death occurred at **11: a. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. M. Kinney (Degree or title)	23b. ADDRESS Leopold Missouri	23c. DATE SIGNED Feb 6, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 7- 55	24c. NAME OF CEMETERY OR CREMATORY 25 Glennon Cemetery	24d. LOCATION (City, town, or county) (State) Near Leopold Mo.
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DATE REC'D BY LOCAL REG. Feb 17, 1955	REGISTRAR'S SIGNATURE Willie Ann Rumbergh	25. FUNERAL DIRECTOR'S SIGNATURE Baker Funeral Home ADDRESS Lutesville, Mo.
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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 *J. E. Graham*

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, Md.*

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.