

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4303

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 26yrs	c. CITY OR TOWN Jefferson City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Still Hospital			e. STREET ADDRESS (If rural, give location) 519 Jefferson Street 02640		
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Paul c. (Last) Vandiver			4. DATE OF DEATH (Month) (Day) (Year) Feb 17 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct-4-1903	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper		10b. KIND OF BUSINESS OR INDUSTRY State Highway Dept		11. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Lawrence Vandiver		13b. MOTHER'S MAIDEN NAME Eva Neete		14. NAME OF HUSBAND OR WIFE Lorraine Vandiver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-36-8436	17. INFORMANT'S SIGNATURE OR NAME Archie Vandiver, Salem, Missouri		
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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 4 days		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subacute glomerulonephritis 2 months					
DUE TO (c) Streptococcal infection of throat 2 1/2 months					
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? 0530 YES <input type="checkbox"/> NO <input 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) m.		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 Feb. 9, 1955, to Feb. 17, 1955, that I last saw the deceased alive on Feb. 17, 1955, and that death occurred at 8:15 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) A.D. Boucher D.O.			23b. ADDRESS 217 Cherry Jefferson City Mo		23c. DATE SIGNED 2-17-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/19/55	24c. NAME OF CEMETERY OR CREMATORY Enloe Cemetery		24d. LOCATION (City, town, or county) (State) Russellville, Missouri	
DATE REC'D BY LOCAL REG. Feb 18-1955		REGISTRAR'S SIGNATURE R.P. Davis MD	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

256 82 0000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph J. Gordon*
.....

Licensed Embalmer No. 12

P. O. Address *Jeff City*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.