

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30007**

FILED SEP 27 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>27</u>			
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY OR TOWN <u>HILLSBORO</u>		c. LENGTH OF STAY (in this place) <u>7 Mo.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>6113 ELLA</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOSSIE</u> b. (Middle) <u>ELDORA</u> c. (Last) <u>VANZANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 17 1955</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>N</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG. 8 1893</u>			
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALBERT CHAS. TREAT</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE HOLLINGSWORTH</u>		14. NAME OF HUSBAND OR WIFE <u>SAM VANZANT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EMEL ARNETT</u> ADDRESS <u>613 ELLA ST. LOUIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>H91X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9-14-55</u> <u>9-17-55</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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 <u>9-14</u> , 1955, to <u>9-17</u> , 1955, that I last saw the deceased alive on <u>9-17</u> , 1955, and that death occurred at <u>109 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. E. Pierce, D.O.</u> (Degree or title)				23b. ADDRESS <u>De Soto Mo.</u>		23c. DATE SIGNED <u>9-17-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT. 18 1955</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>CALDWELL KANSAS</u>			
DATE REC'D BY LOCAL REG <u>9-20-55</u>		REGISTRAR'S SIGNATURE <u>Kathleen Maize</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell Smith</u> ADDRESS <u>De Soto Mo.</u>					

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 24 1955

SEP 27 1955

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 *Donald B. Dietz*

Licensed Embalmer No. *4119*

P. O. Address *Op. St.*

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.