

FILED NOV 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37764**

BIRTH NO.		REG. DIST. NO. 278	PRIMARY REG. DIST. NO. 3054	Registrar's No. 132
1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. LENGTH OF STAY (in this place) 55 yrs	c. CITY OR TOWN Louisiana	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2521 North Carolina St		STREET ADDRESS (If rural, give location) 2521 North Carolina St		
3. NAME OF DECEASED (Type or Print) Edward H.		a. (First)	b. (Middle)	c. (Last) Von Vain
4. DATE OF DEATH (Month) (Day) (Year) 11 5 1955		5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 29 1873		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 1 Days 6	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Middletown, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Albert Von Vain		13b. MOTHER'S MAIDEN NAME Christina Loesing	14. NAME OF HUSBAND OR WIFE Mary Belle VonVain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 489-26-8107	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary VonVain Louisiana, Mo	
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) Coronary Artery Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis	DUE TO (c) Hypertensive Cordis	10+ yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Vascular Disease		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-5, 1955 , to 11-5, 1955 , that I last saw the deceased alive on 11-5, 1955 , and that death occurred at 7:00 Am. , from the causes and on the date stated above.				
23a. SIGNATURE Chas H Luellier M.D.		(Degree or title)	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 11-14-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.	
DATE REC'D BY LOCAL REG. Nov 14, 1955	REGISTRAR'S SIGNATURE Burnice Collier	1374	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Geo. M. Collier, Louisiana Mo.	

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

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 *Geo. M. Collier*.....

Licensed Embalmer No. *383*.....

P. O. Address *Louisiana*.....

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.