

FILED MAR 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8308

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN FULTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY MEMORIAL HOSPITAL		e. STREET ADDRESS (If rural, give location) 218 EAST 6th. STREET			
3. NAME OF DECEASED a. (First) ROBERT (Type of Print) b. (Middle) LINCOLN c. (Last) VANBUREN			4. DATE OF DEATH (Month) (Day) (Year) MARCH 11 1956		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT. 20, 1886		9. AGE (In years last birthday) 69		10. UNDER 1 YEAR: Months Days 11. UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COSTODIAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) FULTON, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME MARTIN VANBUREN		13b. MOTHER'S MAIDEN NAME NOT KNOWN	
14. NAME OF HUSBAND OR WIFE MARY G. VANBUREN		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. 488 07 4948	
17. INFORMANT'S SIGNATURE OR NAME				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES DUE TO (b) Essential hypertension		8 years	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral atherosclerosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3.31x		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 15, 1956, to March 4, 1956, that I last saw the deceased alive on March 10, 1956, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE Tom Brewer MD		(Degree or title)		23b. ADDRESS 607 Court Fulton	
23c. DATE SIGNED 3-26-56		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 14 56	
24c. NAME OF CEMETERY OR CREMATORY SOUTHSIDE CEMATERY		24d. LOCATION (City, town, or county) (State) FULTON, MISSOURI			

DATE REC'D BY LOCAL REG. Mar-26-1956		REGISTRAR'S SIGNATURE Martha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry H. Bell, Fulton, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1958

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 Larry T. Bell

Licensed Embalmer No. 486

P. O. Address Jackson, Miss.

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.