

FILED AUG 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25788**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 168

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

1. PLACE OF DEATH a. COUNTY <u>VERNON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u> c. LENGTH OF STAY (In this place) <u>5 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSP</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u> c. CITY OR TOWN <u>NEVADA</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>420 W. CHERRY 10890</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIE</u> b. (Middle) <u>PORTIA</u> c. (Last) <u>VANDIVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 7, 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>FEB 27 1864</u>
9. AGE (In years) (Months) (Days) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WM. A. STILL</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA ANDERSON</u>	
14. NAME OF HUSBAND OR WIFE <u>A.D. VANDIVER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK SPENDEFF NEVADA, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hypochasial febrile</u> DUE TO (c) <u>Gen. arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>29 years</u> <u>4 years</u>	
		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 <u>4221</u>	
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) (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 June 19⁴⁶, to Aug 4, 1956 that I last saw the deceased alive on Aug 4, 1956 and that death occurred at 5:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Pearse M.D.</u>		23b. ADDRESS <u>Neveda Mo</u>	
23c. DATE SIGNED <u>8/7/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-6-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NEWTON BURIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>NEVADA MO.</u>	
DATE REC'D BY LOCAL REG. <u>8-10-1956</u>		REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SHORTEN FUNERAL HOME NEVADA, MO.</u>			

451

AUG 28 1956

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 *Laurence P. Healy*.....

Licensed Embalmer No. *4979*

P. O. Address *Nevada, Mo.*

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.