

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34981

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>392</u>	
1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>SEDALIA</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY OR TOWN <b>SEDALIA</b>		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 <b>500 E. 20th St.</b>				STREET ADDRESS (If rural, give location) <b>500 E. 20th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle) <b>HENRY</b>		c. (Last) <b>VANSELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 28, 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 12, 1883</b>	
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trainman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Newton County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Daniel David Vansell</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Pruitt</b>		14. NAME OF HUSBAND OR WIFE <b>Gertie Vansell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>NO + UNOBTAINABLE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Pauline Decker, Kansas City, Mo.</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>High blood pressure and previous stroke + phlebotomy</b> DUE TO (c) <b>Iron deficiency</b>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Iron deficiency</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)	
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 <b>10-21-1956</b> to <b>10-28-1956</b> that I last saw the deceased alive on <b>10-21-1956</b> and that death occurred at <b>10:30 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>A. G. Campbell, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Sedalia Mo.</b>		23c. DATE SIGNED <b>10-29-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/30/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-29-56</b>		REGISTRAR'S SIGNATURE <b>A. G. Campbell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James E. Eden</b>		ADDRESS <b>Sedalia, Mo.</b>	

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

1987 OCT 14 11:11

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 *P. E. Baker*.....

Licensed Embalmer No. *241*.....

P. O. Address *Beulah*.....

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.