

FILED NOV 18 1957

STANDARD CERTIFICATE OF DEATH

41154

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY MAORION			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EMDEN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ELIZABETH Hosp Shu			Length of stay in lb		d. STREET ADDRESS EMDEN MO (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DONNA Middle JEAN Last VANNOY			4. DATE OF DEATH Month NOV Day 2 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV 2, 1957	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0 Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) HANNIBAL MO		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME CHARLES VANNOY			14. MOTHER'S MAIDEN NAME SHIPLEY PARSONS		
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. NONE	17. INFORMANT Address CHARLES VANNOY EMDEN MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature birth DUE TO (c) Unknown cause					INTERVAL BETWEEN ONSET AND DEATH 4 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7625					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-2-57 to 11-2-57 and last saw her ^{him} alive on 11-2-57 Death occurred at 5:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank B. Smith, M.D. (Degree or title)			22b. ADDRESS Hannibal, Missouri		22c. DATE SIGNED 11-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-3-57	23c. NAME OF CEMETERY OR CREMATORY BAPTIST CEMETERY		23d. LOCATION (City, town, or county) (State) EMDEN MO
24. FUNERAL DIRECTOR THOMPSON-GREENING		ADDRESS SHELBYVILLE MO		25. DATE RECD. BY LOCAL REG. 11-7-1957	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by V. C. Hulse

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED NOV 15 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 15 1957

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 *Charles V. Green*.....

Licensed Embalmer No. *46*

P. O. Address *Clare*

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.