

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

547

STATE FILE NUMBER

FILED JAN 24 1958

Registration District No. 387 Primary Registration District No. 5208 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale, Mo. Hurricane Twp. <input checked="" type="checkbox"/> Not X		Inside Limits		c. CITY OR TOWN RFD Hale, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cecil McMichael Home			Length of stay in 1b 8 years		d. STREET ADDRESS RFD (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First FRANK Middle ELMER Last VANCE				4. DATE OF DEATH Month Jan. Day 13th Year 1958					
5. SEX M	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5th, 1872		9. AGE (In years last birthday) 85			IF UNDER 1 YEAR Months 8 Days 8 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		11. BIRTHPLACE (City and state or country) Peru, Nebraska.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James Vance,				14. MOTHER'S MAIDEN NAME Sarah Hardin,					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Jessie McMichael, Hale, Mo, RFD Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency DUE TO (b) Chronic Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 8 days 1 yr		
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.) 592 X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 									
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 12-16-57 to Jan. 13, 58 and last saw him alive on Jan. 12, 1958 Death occurred at 11:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Edward L. Smith M.D. (Degree or title)				22b. ADDRESS 107.9th St. Carrollton Mo		22c. DATE SIGNED 1-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		Jan. 15th, 1958		Hale cemetery		Hale, Missouri			
24. FUNERAL DIRECTOR Clifford W. Austin, Tina, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. JAN. 21, 1958		26. REGISTRAR'S SIGNATURE Mrs Rex Henderson			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
 DIVISION OF HEALTH SERVICES
 BUREAU OF HEALTH SERVICES
 STATE OF CALIFORNIA
 MAR 27 1958
 DEPARTMENT OF HEALTH
 DIVISION OF HEALTH SERVICES
 BUREAU OF HEALTH SERVICES
 STATE OF CALIFORNIA

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.....
 Licensed Embalmer No. 323

P. O. Address Tina, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
 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.