. Health,
& Welfare
. Public
n Service

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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK, OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039619
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1154

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Handley Hosp. — Length of stay in 1b: 12 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield 0391 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2541 E. Linwood — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Thomas Middle: Wiley Last: Vann

4. DATE OF DEATH Month: Nov. Day: 30 Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Aug. 19, 1877

9. AGE (In years last birthday): 81 — 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): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Planing Mill

11. BIRTHPLACE (City and state or country): Butler Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Wiley Vann

13b. MOTHER'S MAIDEN NAME: Gredna Catherine Biffle

14. NAME OF HUSBAND OR WIFE: Eliza Jane Hasty Vann

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: Eliza Jane Vann-Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 334X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 11/26/58 to 11/30/58 and last saw ~~her~~ him alive on 11/30/58
Death occurred at 3:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lyman D. Brown M.D. — **22b. ADDRESS**: 311½ College — **22c. DATE SIGNED**: 12/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: Dec. 2, 1958 — **23c. NAME OF CEMETERY OR CREMATORY**: Winona Cemetery — **23d. LOCATION** (City, town, or county) (State): Winona, Missouri

24. FUNERAL DIRECTOR ADDRESS: Rex Rainey--Springfield, Mo. — **25. DATE RECD. BY LOCAL REG.**: 12-1-58 — **26. REGISTRAR'S SIGNATURE**: Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1959

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 ---------- Signed

Signature of Student Embalmer

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.