

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008049

STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SLATER		c. CITY OR TOWN SLATER ⁰⁷⁷⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GRANDVIEW ST.		d. STREET ADDRESS (If outside, give location) GRANDVIEW ST.	
Length of stay in 1b 15 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LENA Middle BELLE Last VORNOLD			4. DATE OF DEATH FEB. 23 1959 Month Day Year			
5. SEX 1	6. COLOR OR RACE FEMALE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 24 1885 73		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) SALINE COUNTY, MO.		
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME ALBERT HORNER			
14. MOTHER'S MAIDEN NAME FRANCES OPHELIA CAMPBELL			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 Tony Wm. Vornold, Slater, 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) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		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 Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT <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 2-22-59 to 2-23-59 and last saw her alive on 2-23-59 Death occurred at 2 1/2 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. Nelson J. Warren M.D.			22b. ADDRESS 313 1/2 N. Main St. Slater		22c. DATE SIGNED 2-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Feb 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Elliott Grove Cem.	23d. LOCATION (City, town, or county) (State) Brunswick Missouri
24. FUNERAL DIRECTOR Arise! Funeral Home, Brunswick Mo		25. DATE RECD. BY LOCAL REG. 3/6/59	26. REGISTRAR'S SIGNATURE Mrs. Earl C. Metz	

(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

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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 *William R. Ho*.....

Licensed Embalmer No. *47*

P. O. Address *Burnsville*

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.