

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008738
STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 71 Primary Registration District No. 8012 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Louisiana 1721 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Veterans Administration INSTITUTION Excelsior Springs Hospital		Length of stay in lb 2 yrs, 318 days	d. STREET ADDRESS (If outside, give location) 123 North B. Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELBERT Middle TRAVIS Last VANHOOSER			4. DATE OF DEATH Month March Day 18 Year 1959
5. SEX Male	6. COLOR OR RACE 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 10, 1896
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking Concern	11. BIRTHPLACE (City and state or country) Fredonia, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Sam Sampson Vanhooser	
13b. MOTHER'S MAIDEN NAME Nealy Tramel		14. NAME OF HUSBAND OR WIFE Hazel P. Vanhooser	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 489 26 8906	17. INFORMANT VA Hospital records 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) Tuberculosis, pulmonary, far advanced, active 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) (1) Emphysema. (2) Duodenal ulcer			INTERVAL BETWEEN ONSET AND DEATH 40 years 002X
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 - - -
21. VA attended the deceased from May 4, 1956 to March 18, 1959 and last saw him at home Death occurred at 10:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE F. J. Mantell (Print or write) F. J. MANTELL, M.D., Act. Pathologist	
22b. ADDRESS Ex. Springs, Mo.		22c. DATE SIGNED 3-19-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-19-59	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) (State) Louisiana, Missouri
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 3-21-59	26. REGISTRAR'S SIGNATURE Barclay Hutchings

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, cemetery, etc.: Indicate only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Lindell Jarman*

Licensed Embalmer No. *4589*
P. O. Address *Excelsior Springs*

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.