

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010521

STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 58

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>0040</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>107 Hagood, Moberly</b>		Length of stay in lb <b>8 mos</b>	d. STREET ADDRESS (If outside, give location) <b>12 mi N.E. Centralia</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Virgil Villa Vance</b>			4. DATE OF DEATH Month Day Year <b>March 14 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 10, 1881</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Monroe County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Vance</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Sageser</b>	
14. NAME OF HUSBAND OR WIFE <b>Lena Vance</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-42-7593</b>	
17. INFORMANT Address <b>Mrs. Lena Vance, Moberly, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>hypostatic pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>cerebral thrombosis</b>			<b>3 days</b>
DUE TO (c) <b>Generalized arteriosclerosis</b>			<b>not known</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>			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 <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>		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 <b>4-00-57</b> to <b>3-14-59</b> and last saw <sup>her</sup> him alive on <b>3-14-59</b> Death occurred at <b>point</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) <i>[Signature]</i>		22b. ADDRESS <b>109 N 5th, Moberly</b>	22c. DATE SIGNED <b>3-14-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 15, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b>	23d. LOCATION (City, town, or county) (State) <b>12 mi N.E. Centralia, Mo.</b>
24. FUNERAL DIRECTOR <b>Bill D. Meador, Centralia, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>3-14-59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

When most common standard nomenclature in item 18. No symptoms will be listed.

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 *Bill J. Medora* .....

Licensed Embalmer No. *4876* .....  
P. O. Address *Antwerp, Maine* .....

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.