

HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012172

STATE FILE NUMBER

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
GEORGE H. SCHEWLER, D.O.

FILED APR 20 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY KNOX	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HURDLAND 0520 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION NURSING HOME #1		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 41 WAY #6
3. NAME OF DECEASED (Type or print) First PERRY Middle VANDIVER Last VANDIVER			4. DATE OF DEATH Month APRIL Day 8 Year 1959
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 21, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	9. AGE (In years last birthday) 88
11. BIRTHPLACE (City and state or country) KNOX COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JASPER VANDIVER		14. MOTHER'S MAIDEN NAME FLECKNER SMITH	
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. No.	17. INFORMANT MRS. PERRY VANDIVER Address HURDLAND, 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) Coeliac and debilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Encephalomalacia DUE TO (c) Cerebral Thrombosis et arteriosclerosis 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 weeks months months
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.) 332X		
20c. TIME OF INJURY Hour 12:35 Month 4 Day 8 Year 59 a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION KIRKSVILLE COUNTY STATE		
21. I attended the deceased from 1-30-59 to 4-8-59 and last saw him alive on 4-7-59 Death occurred at 12:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George H. Schewler, D.O. (Degree or title)		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 4-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 10, 1959	23c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK	23d. LOCATION (City, town, or county) (State) KIRKSVILLE Mo
24. FUNERAL DIRECTOR Kelly Rogers ADDRESS Barnhart, Mo	25. DATE RECD. BY LOCAL REG. 4-13-1959	26. REGISTRAR'S SIGNATURE Dana W. Redliff	

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 KELLEY ROGERS....., Student Embalmer No. 58
working under my personal supervision..

Student Kelley Rogers.....
Signature of Student Embalmer

Signed Richard B. Kelly.....
Licensed Embalmer No. 449

P. O. Address Elm. 7th

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