

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013114

STATE FILE NUMBER

APR 28 1959 Registration District No. 140 Primary Registration District No. 5549 Registrar's No. 27

300  
1-57

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

1. PLACE OF DEATH a. COUNTY <b>Howard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond TWSP.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Fayette</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>Marie Johnmeyer</b>		Length of stay in 1b <b>1 Year</b>	d. STREET ADDRESS (If outside, give location) <b>R.F.D.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>Minor</b> Last <b>Vanatta</b>			4. DATE OF DEATH Month <b>March</b> Day <b>31</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 14, 1863</b>		9. AGE (In years last birthday) <b>96</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own tin shop</b>		11. BIRTHPLACE (City and state or country) <b>Ohio.</b>	
10c. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Vanatta</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Minor</b>	
13c. NAME OF HUSBAND OR WIFE <b>-----</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>-----</b>	
17. INFORMANT <b>Mrs. Chas. Osterloh, 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>Senile Arteriosclerosis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs.</b>	
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) <b>Urinary Incontinence</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.) <b>4500</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>4500</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>4500</b>			
21. I attended the deceased from <b>Feb. 26, 1959</b> to <b>Mar. 31, 1959</b> and last saw him alive on <b>3-26-59</b> Death occurred at <b>1800 24</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Wm. J. Shaw M.D.</b>		22b. ADDRESS <b>Fayette Mo.</b>		22c. DATE SIGNED <b>4-2-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 3/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	
23d. LOCATION (City, town, or county) <b>Boonville, Missouri.</b>		24. FUNERAL DIRECTOR <b>Goodman &amp; Boller, Boonville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-3-59</b>	
26. REGISTRAR'S SIGNATURE <b>Mary L. Shell</b>					

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 W. Wood* .....

Licensed Embalmer No. *4539* .....

P. O. Address *Brownsville, T* .....

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.