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FILED VS JUL 20 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024274
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 715

1. PLACE OF DEATH a. COUNTY BUCHANAN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ANDREW		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HELENA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MISSOURI METHODIST INSTITUTION Hospital		Length of stay in lb 1 day	d. STREET ADDRESS 1 1/2 miles NW		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILL Middle BIRTIE Last VAN METER			4. DATE OF DEATH July 13, 1959 Month July Day 13 Year 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 3, 1879	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
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) Andrew County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Sandusky		13b. MOTHER'S MAIDEN NAME Amanda Thatcher		14. NAME OF HUSBAND OR WIFE Gordon C. VanMeter	
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. - - - -		17. INFORMANT Address Lloud VanMeter, 1424 Scaramento St. Joseph, 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) Cerebral Vascular Accident					INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension					unknown
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X					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.) ITEM 25 CORRECTED		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			BY AFFIDAVIT OF Registrar 7-27-59		
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 Jan 12, 1957 to July 13, 1959 and last saw her ^{her} _{him} alive on July 13, 1959 Death occurred at 6:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Sharon E. Waggner M.D.			22b. ADDRESS 301 Illinois Ave St. Joseph Missouri		22c. DATE SIGNED 7/14/59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7/13/59	23c. NAME OF CEMETERY OR CREMATORY Union Star Cemetery		23d. LOCATION (City, town, or county) (State) Union Star, Missouri
24. FUNERAL DIRECTOR Breit Funeral Home, Savannah		ADDRESS		25. DATE RECD. BY LOCAL REG. July 14, 1959 REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

WAGGNER, MD MEDICAL CERTIFICATION

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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 *James B. Hawkins*

Licensed Embalmer No. *4536*
P. O. Address *Sevensh*

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.