

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035097

FILED VS. OCT 19 1959

STATE FILE NUMBER

Registration District No. le

Primary Registration District No. 4017

Registrar's No. 13

UNRECORDED

REC/ST/TT

COUNTY

DOCUMENT

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE N. Mexico COUNTY Santa Fe					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farber		Length of stay in 1b 1 WEEK		c. CITY OR TOWN Santa Fe.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brothers Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) (Not known)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Lloyd Floyd Paul Vanney			4. DATE OF DEATH Month Day Year Oct. 7 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 9-11-11	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Mgr			10b. KIND OF BUSINESS OR INDUSTRY Super Market		11. BIRTHPLACE (City and state or country) Belflower, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Earnest Alexander Vanney			13b. MOTHER'S MAIDEN NAME Katherine Parrish		14. NAME OF HUSBAND OR WIFE Dorothy Goodhart Vanney				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Dec 42 to 1945			16. SOCIAL SECURITY NO. 498-07-7368		17. INFORMANT Address John E. Vanney Farber Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Circulatory Failure								5 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis								1 hr.	
DUE TO (c) Arteriosclerosis								5 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 Oct. 7, 1959 to Oct. 7, 1959 and last saw him alive on Oct. 7, 1959 Death occurred at 6:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) E. W. Lindsey D.O.				22b. ADDRESS Laddonia, Missouri				22c. DATE SIGNED 10-8-'59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Farber Cemetary		23d. LOCATION (City, town, or county) Farber, Mo.			23e. (State)	
24. FUNERAL DIRECTOR William B Waters				25. DATE RECD. BY LOCAL REG. Oct. 15 1959		26. REGISTRAR'S SIGNATURE Valerie Tugua			

VS OCT 20 1959

VS NOV 9 1959

VS NOV 24 1959

VS NOV 13 1959

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 Stratus

Licensed Embalmer No. 4169
P. O. Address Vandalia, Mo

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.