

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043203

FILED VS NOV 3 0 1959

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 26

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MANsfield</u>		Length of stay in 1b <u>2 YRS</u>	c. CITY OR TOWN <u>MANsfield</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MANsfield Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RT 1</u>	
3. NAME OF DECEASED (Type or print) First <u>TONY</u> Middle <u>RAY</u> Last <u>VANNESS</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>11</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 28-52</u>	9. AGE (last birthday) <u>1</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Springfield Mo.</u>	
13a. FATHER'S NAME <u>Joe RAY VANNESS</u>			13b. MOTHER'S MAIDEN NAME <u>Shirley WYNN</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>Joe RAY VANNESS</u> Address <u>MANsfield Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Acute Laryngo-tracheobronchitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause: (a) stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u>					
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <u>---</u> a.m. <u>---</u> p.m. Month, Day, Year <u>---</u>					
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 <u>11-10-59</u> to <u>11-11-59</u> and last saw ^{him} alive on <u>11-11-59</u> Death occurred at <u>6:05</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Newton D. Neufeld</u> (Describe or title)		22b. ADDRESS: <u>Mansfield, Missouri</u>		22c. DATE SIGNED <u>11-16-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE: <u>NOV. 13, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton</u>		23d. LOCATION (City, town, or county) (State) <u>WRIGHT County Mo.</u>	
24. FUNERAL DIRECTOR <u>MAX L Miller</u> ADDRESS <u>MANsfield Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-20-59</u>		26. REGISTRAR'S SIGNATURE <u>Stuart P. ...</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MANSFIELD HOSPITAL
 MANSFIELD, MASS.
 NOV. 11 1922
 NO. 28-22
 SPRINGFIELD, MASS.
 M

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 Max L Miller

Licensed Embalmer No. 4720
 P. O. Address Mansfield

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.

MANSFIELD HOSPITAL
 MANSFIELD, MASS.
 NOV. 11 1922
 NO. 28-22
 SPRINGFIELD, MASS.