URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 28 1960

-60-022225

STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 5031 Registrar's No. 17

NDED

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuivre Tiship — Length of stay in 1b Approx 10 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5 miles south Vandalia — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Cuivre Tiship — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 Miles S. Vandalia — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Paul Middle Enoch Last Vanatta

4. DATE OF DEATH Month June Day 22, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-14-97
9. AGE (last birthday) 63
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Wellsville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Albert L. Vanatta
13b. MOTHER'S MAIDEN NAME Emma D. Steere
14. NAME OF HUSBAND OR WIFE Mary C. Vanatta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-10-9807
17. INFORMANT Address Charles Vanatta, St. Charles, 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) CIRCULATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH 7 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CHRONIC PULMONARY CONGESTION AND MYOCARDIAL INSUFFICIENCY — 4 YRS
DUE TO (c) MYOCARDIAL INFARCTION AND INTERSTITIAL PULMONARY FIBROSIS

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 25 1960, to JUNE 22 1960 and last saw her/him alive on JUNE 20 1960
Death occurred at 2 15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. W. Lindsey D.O.
22b. ADDRESS LADDONIA Mo
22c. DATE SIGNED 6-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-25-60
23c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery
23d. LOCATION (City, town, or county) (State) Wellsville, Missouri

24. FUNERAL DIRECTOR ADDRESS William B. Waters Vandalia Mo
25. DATE RECD. BY LOCAL REG. June 25 1960
26. REGISTRAR'S SIGNATURE Mallie Fugua

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William B Inter

Signature of Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia

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