

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023602

FILED VS JUL 6 1960

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 108 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cartersville		Length of stay in 1b 80 Yrs.	c. CITY OR TOWN Cartersville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 124 E. Wilson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 124 E. Wilson St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Dora Middle Vandiver Last Vandiver			4. DATE OF DEATH Month June Day 27 Year 1960		
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 1-1-1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Diamond, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Bland		13b. MOTHER'S MAIDEN NAME Amanda Roberson		14. NAME OF HUSBAND OR WIFE	
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 Charles Mesplay Cartersville, 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) <u>Acute circulatory collapse</u>			INTERVAL BETWEEN ONSET AND DEATH few min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Gastric hemorrhage</u>		24 hrs
		DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastric ulcer & myocarditis		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	
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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 Month, Day, Year 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 4-21-60 to 6-27-60 and last saw her/him alive on 6-26-60.
Death occurred at 11:00A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.	22b. ADDRESS Cartersville, Mo.	22c. DATE SIGNED 6/27/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-29-60	23c. NAME OF CEMETERY OR CREMATORY Cartersville Cemetery	23d. LOCATION (City, town, or county) (State) Cartersville, Mo.
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24. FUNERAL DIRECTOR Johnston-Simpson Mortuary Webb City, Mo.	25. DATE RECD. BY LOCAL REG. 6-29-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City

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.