

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037678

FILED VS. OCT 20 1960 47

Primary Registration District No. 5169 Registrar's No. 282

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Williamsburg</i>		Length of stay in 1b <i>71 yr.</i>		c. CITY OR TOWN <i>Williamsburg</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>R.R.</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>R.R.</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>JAMES E VANES</i>				4. DATE OF DEATH Month Day Year <i>Oct. 13 1960</i>					
5. SEX <i>male</i>	6. COLOR OR RACE <i>negr</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Oct. 13-1889</i>	9. AGE (last birthday) <i>71</i>	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) <i>farming</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>		11. BIRTHPLACE (City and state or country) <i>Callaway Co Mo U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Arthur Vane</i>			13b. MOTHER'S MAIDEN NAME <i>Borgia Curtis</i>			14. NAME OF HUSBAND OR WIFE <i>Bina Vane</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>491-36-6368</i>		17. INFORMANT <i>Cecil Vane, Mexico, Mo.</i>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>coronary episode</i>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>I have treated him for the last five years for a myocardial disease</i>							
		DUE TO (c)							
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 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.		Month, Day, Year							
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 <i>1955</i> to <i>Oct 13/60</i> and last saw him alive on <i>Sept 17/60</i> Death occurred at <i>in the fore noon</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>W. Brown</i> (Degree or title)				22b. ADDRESS <i>Callaway Mo</i>		22c. DATE SIGNED <i>10/14/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct. 16, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Level</i>		23d. LOCATION (City, town, or county) <i>Bucatan, Mo.</i>					
24. FUNERAL DIRECTOR <i>Mrs. Stuart Parker, Columbia, Mo.</i>			ADDRESS <i>Columbia, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Oct -14 -1960</i>		26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>		

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed George J. [Signature]

Licensed Embalmer No. 4425

P. O. Address Columbus

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