

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021803
STATE FILE NUMBER

Registration District No. 343 Primary Registration District No. 5655 Registrar's No. 47

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>LAURENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MT. VERNON</u>		c. CITY OR TOWN <u>Springfield</u>	
Length of stay in lb <u>1 YR.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>		d. STREET ADDRESS (If outside, give location) <u>RFD 5 Box 466</u>	
3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>FLORENCE</u> Last <u>VANLANINGHAM</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>24</u> Year <u>1961</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> -Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-11-21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE</u>	11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u>
13a. FATHER'S NAME <u>John Long</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA LONG</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES VANLANINGHAM</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>		17. INFORMANT Address <u>Missouri State San.</u>	
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) <u>HEMORRHAGE</u>			<u>18 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>EROSION OF SUBCLAVIAN VEIN (LEFT)</u>			<u>18 DAYS</u>
DUE TO (c) <u>Emphysema + Broncho-pleural FISTULA</u>			<u>89 DAYS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulm. Tuberculosis + Broncho-pleural FISTULA</u>			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 checked="" 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 _____ 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 <u>6-17-60</u> to <u>6-24-61</u> and last saw him alive on <u>6-24-61</u>			
Death occurred at <u>2:55</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Mt Vernon, Mo.</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Mt Comfort Cem.</u>		22d. DATE SIGNED <u>6/24/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal 6-24-61</u>		23b. LOCATION (City, town, or county) <u>Springfield Mo.</u>	
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Springfield Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-24-1961</u>	
26. REGISTRAR'S SIGNATURE <u>H. D. Fossett</u>			

MAR 29 1962

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 *Faith Collins*

Licensed Embalmer No. 3632
P. O. Address Springfield

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.