

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006246

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 33

STATE FILE NUMBER

FILED FEB 25 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

3460

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brandsville</u> | | Length of stay in lb <u>74 yrs.</u> | c. CITY OR TOWN <u>Brandsville</u> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>RJD</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>RJD</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle <u>Homer</u> Last <u>Vandiver</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>12</u> Year <u>1963</u> |
| 5. SEX <u>male</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>11-12-1888</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber; mail carrier</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>74 yrs.</u> |
| 11a. FATHER'S NAME <u>George Vandiver</u> | | 11b. MOTHER'S MAIDEN NAME <u>Belle Marcum</u> | 11. BIRTHPLACE (City and state or country) <u>Howell Co., Mo.</u> |
| 13a. FATHER'S NAME | | 14. NAME OF HUSBAND OR WIFE <u>Cleora Brown Vandiver</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Cleora Vandiver, Brandsville, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 <u>12:10</u> a.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 <u>6 Feb 63</u> to <u>12 Feb 63</u> and last saw him alive on <u>10 Feb 63</u> Death occurred <u>12:10 a.m.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>West Plains, Missouri</u> | 22c. DATE SIGNED <u>17-2-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>2-15-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Brandsville, Howell, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Robertsons, West Plains, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-20-63</u> | 26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> |

Smith

FEB 27 1963

MAR 29 1963

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 D. Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

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.