

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014829

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 6 Primary Registration District No. 4017 Registrar's No. 12

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0040

2 0040

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9 420.1

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farber | | Length of stay in 1b YEARS | c. CITY OR TOWN Farber |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) John Ernest Vannoy | | | 4. DATE OF DEATH Month May Day 3 Year 1963 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-19-1917 |
| 9. AGE (last birthday) 45 | | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman | | 10b. KIND OF BUSINESS OR INDUSTRY Walsh Refr. Co. | 11. BIRTHPLACE (City and state or country) Middletown, Mo. |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME Earnest Vannoy | |
| 13b. MOTHER'S MAIDEN NAME Katherine Parrish | | 14. NAME OF HUSBAND OR WIFE Sybil Vannoy | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No | | 16. SOCIAL SECURITY NO. 551 | 17. INFORMANT Address Sybil Vannoy, Farber, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial occlusion | | | INTERVAL BETWEEN ONSET AND DEATH 40 min |
| 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 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 _____ 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 5-14-62 to 5-3-63 and last saw ^{her} him alive on 10-10-62 Death occurred at May 3, 1963 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE William W. Bradley MD | | 22b. ADDRESS Box 178, Farber, Mo | 22c. DATE SIGNED 5-7-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-6-63 | 23c. NAME OF CEMETERY OR CREMATORY Farber Cemetery | 23d. LOCATION (City, town, or county) Farber, Missouri |
| 24. FUNERAL DIRECTOR William Blanton, Vandalia, Mo | | ADDRESS | 25. DATE RECD. BY LOCAL REG. May 7 1963 |
| | | 26. REGISTRAR'S SIGNATURE Walter Ferguson | |

JUN 5 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

William B. Carter

Licensed Embalmer No. 4169

P. O. Address Vandalia, Missouri

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.