

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048730
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 422

FILED DEC 17 1963

DO NOT WRITE ON THIS STUB
AMENDED

| | | | |
|---------------------|--------------|--|----------|
| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF | DOCUMENT |
| 1 <u>01-48</u> | | | |
| 2 <u>06-48</u> | | | |
| 3 | | | |
| 4 <u>0</u> | | | |
| 5 <u>1</u> | | | |
| 6 | | | |
| 7 <u>1</u> | | | |
| 8 <u>2</u> | | | |
| 9 <u>1538</u> | | | |
| 10 | | | |
| 11 | | | |
| 12 <u>1-0</u> | | | |
| 13 <u>1-0</u> | | | |
| ITEM NO. | SHOULD READ | BY AFFIDAVIT OF | |

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | c. CITY OR TOWN Hannibal | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital | | d. STREET ADDRESS (If outside, give location) 422 North Seventh | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First GUS Middle LOUIS Last VAYNES | | | 4. DATE OF DEATH Month DECEMBER Day 11 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 Sept. 7, 1924 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist | | 10b. KIND OF BUSINESS OR INDUSTRY Universal Atlas | 9. AGE (last birthday) 39 |
| 11a. BIRTHPLACE (City and state or country) Lynchburg Virginia | | 12. CITIZEN OF WHAT COUNTRY U S A | |
| 13a. FATHER'S NAME Louis Vaynes | | 13b. MOTHER'S MAIDEN NAME Annie Toledis | |
| 14. NAME OF HUSBAND OR WIFE Naomi Howard | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of serv) Yes WW 2 | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mrs. Gus L. Vaynes Hannibal Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis of the abdomen - primary in colon | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 _____ 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 <u>11-11-63</u> to _____ and last saw her/him alive on <u>12-11-63</u> Death occurred at <u>10:35 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | | 22b. ADDRESS 2910 St. Marys Ave-Hannibal, Mo. | 22c. DATE SIGNED 12-12-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 11/14/1963 | 23c. NAME OF CEMETERY OR CREMATORY Cumberland Memorial Garden | 23d. LOCATION (City, town, or county) (State) Corbin Kentucky |
| 24. FUNERAL DIRECTOR ADDRESS Smith Funeral Home Hannibal Missouri | | 25. DATE RECD. BY LOCAL REG. Dec. 19, 1963 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

JAN 6 1964

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 *H. Crawford Smith*
Licensed Embalmer No. 3814

P. O. Address Hannibal 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.

Permy & Kennel 12/13/63