

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24456

State File No. _____

Registrar's No. 844

Primary Registration District No. 10.00

1. PLACE OF DEATH:

BUCHANAN

(a) County ST. JOSEPH
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital # 22
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 37 yrs 3 mos 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bay
(c) City or town Orick
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from July
1, 1943 to July 28, 1943
that I last saw him alive on July 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic
Heart disease

Duration

Due to Psychosis with Cerebral
Arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 5 months of death)

Major findings:
Of operations 93d
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. T. Sweeney M. D. md
Address St Joseph, Mo Date signed 7-28-43

3. (a) PRINT FULL NAME Henry Vandiver

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased August 27, 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months " Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Orick Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Louis Vandiver

13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Stanley

15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. Vandiver
(b) Address Orick, Missouri

17. (a) Removal (b) Date thereof 7 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orick Mo

18. (a) Signature of funeral director C. V. Gibson
(b) Address Orick Mo
19. (a) 7-29-43 (b) Rose Skogoy
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

f-3243

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.