

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5422

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5649 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural" Pierce Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural" Pierce Township</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>R 1 - Monett Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R 1 Monett Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Warren</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Vantuyll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 11-1892</u>
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>3</u>	11. DAYS <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Harry Vantuyll</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia McCarwick</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Vantuyll</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>		16. SOCIAL SECURITY NO. <u>491-05-0222</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Merrill Vantuyll - R 1 Monett Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis acute dilatation of stomach</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) <u>Chronic alcoholism of 20 years</u> <u>Obesity</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>545X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Febr 3</u> , 19 <u>49</u> , to <u>Febr 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Febr 7</u> , 19 <u>49</u> , and that death occurred at <u>10:30 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert R. Dooly M.D.</u>		23b. ADDRESS <u>Monett Mo.</u>	23c. DATE SIGNED <u>2-16-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 13 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty - "Rural"</u>	24d. LOCATION (City, town, or county) (State) <u>NE of Monett Lawrence Co Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 19 49</u>	REGISTRAR'S SIGNATURE <u>Ors Mc Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dillon Funeral Home - Monett Mo</u>	

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

RECEIVED
District Health Officer No. 6.
District File Number 249-186
Date Filed 2-28-49

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
Student Embalmer

Signed J. D. Buchanan
Licensed Embalmer No. 3179
P. O. Address Monett 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 this body is not embalmed, fact should be so stated above.