

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27213

State File No. ....

49 25 5

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 351

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>22 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1324 Kentucky Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>1324 Kentucky Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b> b. (Middle) <b>Belle</b> c. (Last) <b>VANDERVILLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 6, 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 1, 1895</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home Making</b>	11. BIRTHPLACE (State or foreign country) <b>Gault, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Charley Rains</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie Hayes</b>		14. NAME OF HUSBAND OR WIFE <b>Phillip Vanderville</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NO.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Joseph Robbins 1324 Ky. Joplin</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Carcinoma cervix uteri</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					<b>171x</b>
19a. DATE OF OPERATION	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>10-44</u> to <u>8-5</u> , 1949, that I last saw the deceased alive on <u>8-5</u> , 1949, and that death occurred at <u>12:45</u> <u>pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <b>M. J. Hall MD</b>		23b. ADDRESS <b>Joplin</b>		23c. DATE SIGNED <b>8-8-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>August 8, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Pittsburg, Kansas</b>		
DATE REC'D BY LOCAL REG. <b>8-10-49</b>	REGISTRAR'S SIGNATURE <b>James B. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thornhill-Dillon Joplin, Mo.</b>			

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

RECEIVED 8229-49

Jasper County Health Office

County File Number 49-8-637

Date Filed 8-29-49

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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

*Jesse Lullins*

Licensed Embalmer No. 4646

P. O. Address *Joplin, 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.