

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 6 1949 STANDARD CERTIFICATE OF DEATH

27706

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville, Mo.	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) city	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Eliza	b. (Middle) Ann	c. (Last) VanDyne	Aug. 28 1949		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH May 19 1855	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR 3 MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hancock Co, Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Samuel Carter	13b. MOTHER'S MAIDEN NAME Rebecca Arnold	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME C. E. VanDyne	ADDRESS Unionville, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Debility DUE TO (c) Fractured right hip		4 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			E 9040

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) Aug 7 1949	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall in home
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22. I hereby certify that I attended the deceased from **Aug 19, 1949**, to **Aug 28, 1949**, that I last saw the deceased alive on **Aug 28, 1949**, and that death occurred at **2 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Oliver L. Fiddler	(Degree or title)	23b. ADDRESS Unionville Mo	23c. DATE SIGNED 8/29/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE Aug 30	24c. NAME OF CEMETERY OR CREMATORY Union Church	24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.
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DATE REC'D BY LOCAL REG. 9-2-49	REGISTRAR'S SIGNATURE Marvell D. ...	25. FUNERAL DIRECTOR'S SIGNATURE Husted & Son	ADDRESS Unionville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. 2975

P. O. Address Unionville

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.