

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 42231
442

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 442

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>DESLOGE</u>	c. LENGTH OF STAY (in this place) <u>50 days</u>	c. CITY OR TOWN <u>DESLOGE, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 MONROE ST.</u>		d. STREET ADDRESS (If rural, give location) <u>207 MONROE</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>V</u> c. (Last) <u>VANDIVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 11 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>August 24 1889</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR <u>3</u> Days	IF UNDER 11 HRS. <u>47</u> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public</u>	11. BIRTHPLACE (State or foreign country) <u>NEAR BONNE TERRE, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>COLUMBUS VANDIVER</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZA HUNT</u>		14. NAME OF HUSBAND OR WIFE <u>MALINDA VANDIVER</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VANDIVER - MRS. WILLIAM DESLOGE</u> ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute ventricular regurg</u> INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>acute glomerular nephritis</u>	
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) m.	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>June 1949</u> , to <u>1949</u> , that I last saw the deceased alive on <u>11-11-49</u> and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. C. Kaelin M.D.</u> (Deceased's title)		23b. ADDRESS <u>Desloge Mo</u>	23c. DATE SIGNED <u>12-13-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ODD FELLOWS</u>	24d. LOCATION (City, town, or county) (State) <u>ST. FRANCOIS MO.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 14, 1949</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer</u> ADDRESS <u>Desloge, Mo.</u>	

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

96
 97

12-19-49

OFFICE NO. 4

Number 1249-1662

Date ~~filled~~

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Hesperia, 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.