

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15075

State File No. 3877

FILED MAY 5 1950

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi 1101	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firman Desloge Hospital		d. STREET ADDRESS (If rural, give location) Box 23	
3. NAME OF DECEASED a. (First) Daisy (Type or Print)		b. (Middle) Vance	
c. (Last) Vance		4. DATE OF DEATH (Month) (Day) (Year) 4-23-50	
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 26, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME (Moon, Jim)	
13b. MOTHER'S MAIDEN NAME (Lawson, ?)		14. NAME OF HUSBAND OR WIFE Vance, Hiram T.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Firman Vance, Potosi, Mo.		ADDRESS	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Severe Cardiac Decompensation INTERVAL BETWEEN ONSET AND DEATH 5 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probable Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleure Effusion, Ascites, edema.	
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) HSD	
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 Apr. 22, 1950, to April 23, 1950, that I last saw the deceased alive on April 23, 1950, and that death occurred at 11:00a m., from the causes and on the date stated above.			
23a. SIGNATURE M. L. Goehausen M.D.		23b. ADDRESS 13-25 South Grand	
23c. DATE SIGNED 4-24-50		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 4-25-50		24c. NAME OF CEMETERY OR CREMATORY Potosi v Mo	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Sparks ADDRESS	
DATE REC'D BY LOCAL REG. APR 28 1950		REGISTRAR'S SIGNATURE J. B. Sasser	

JUN 7 1954

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

Murphy L. Spawka

Licensed Embalmer No.

4236

P. O. Address

Ret. Times 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.