

No. 300
10.48

FILED JUN 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 19220

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood	
c. LENGTH OF STAY (in this place) 50 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Levi b. (Middle) Tipton c. (Last) VanNoy			4. DATE OF DEATH (Month) (Day) (Year) May 19, 1950		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 12, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3 Days 7	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor of Medicine	10b. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (State or foreign country) LEE County, Virg.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Campbell VanNoy	13b. MOTHER'S MAIDEN NAME Luisa Hoskins	14. NAME OF HUSBAND OR WIFE Bertha VanNoy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Bertha VanNoy ADDRESS Norwood, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy?		INTERVAL BETWEEN ONSET AND DEATH*
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) Hypertention DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			334X
19a. DATE OF OPERATION			

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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Viewed, 19 the corps 5/10-50, that I last saw the deceased alive on 5/10-, 1950, and that death occurred at 2:08P m., from the causes and on the date stated above.

23a. SIGNATURE R.A. Ryan (Degree or title) M. D.	23b. ADDRESS Mountain Grove, Mo.	23c. DATE SIGNED 5/21/1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/21/1950	24c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery	24d. LOCATION (City, town, or county) (State) Wright County, Mo.
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DATE REC'D BY LOCAL REG. 6-2-50	REGISTRAR'S SIGNATURE Mrs. G. R. Washburn	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Haulder ADDRESS Norwood, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED JUN 9 1950
WRIGHT CO. HEALTH DE
County File Number 650-77
Date Filed 6-10-50

JAN 6 1958

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, DEX

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Thomas J. Halden

Licensed Embalmer No. 4317

P. O. Address Norwood, 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.