

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22585

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6257 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Logan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Logan	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3 Mi. west of Patterson	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) Harvey	c. (Last) Vallance	4. DATE OF DEATH (Month) (Day) (Year) June 17, 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 20, 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 20	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Samuel Vallance	13b. MOTHER'S MAIDEN NAME Malisa Reynold	14. NAME OF HUSBAND OR WIFE Margaret Vallance
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Vallance Patterson, 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 mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbidity 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.		420	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Logan, Wayne Mo
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 6-4, 1950, to 6-17, 1950, that I last saw the deceased alive on 6-4, 1950, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) L. E. Ferry M.D.	23b. ADDRESS Patterson, Mo	23c. DATE SIGNED 6-19-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/20/50	24c. NAME OF CEMETERY OR CREMATORY Patterson	24d. LOCATION (City, town, or county) (State) Patterson, Missouri
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DATE REC'D BY LOCAL REG June 26, 50	REGISTRAR'S SIGNATURE June W. Piles 340	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Cohn Piedmont, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 6 1950

WAYNE CO. HEALTH CENTER

FILE No. 750-664

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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.....

CODER FUNERAL-HOME.

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*William Coder*

Signed.....

Student Embalmer

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

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.