

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30135

State File No.

FILED SEP 20 1950

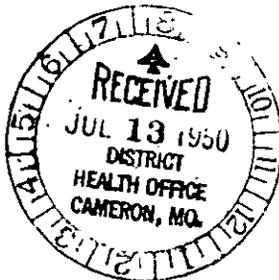
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BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence-before admission). a. STATE <u>MO.</u> b. COUNTY <u>MERCER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0650</u> OR TOWN <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WRIGHT MEMORIAL HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>MEDCINE TOWNSHIP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>VANDEVENDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-15-1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN-3-1892</u>
9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>12</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARM WIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>MERCER CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BEN PERSELL</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA CARR</u>	
14. NAME OF HUSBAND OR WIFE <u>ISAAC VANDEVENDER</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HELEN COOPER</u> ADDRESS <u>SPICKARD 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</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>Myxomatous degeneration of aortic valve</u> <u>550/5 days</u>	
19a. DATE OF OPERATION <u>May 11th 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous Myxomatous degeneration of aortic valve</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Clara J. Duffly M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo May 17th 1950</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAY-17-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NORTH EVANS CEM.</u>	
24d. LOCATION (City, town, or county) <u>GRUNDY CO. MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>May 17, 1950</u>	
REGISTRAR'S SIGNATURE <u>Irene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schools Funeral Home Spickard Mo</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ross Wise

Signed.....

Student Embalmer

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.