

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36022

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 828

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Kirksville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Frances</u> c. (Last) <u>Vannice</u>	4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>25</u> (Year) <u>50</u>					
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 19. 1895</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Adair Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>James G Vannice</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Frances Ranklin</u>	14. NAME OF HUSBAND OR WIFE <u>James Vannice Father</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Vannice</u>	ADDRESS <u>Kirksville Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cerebral Hemorrhage</u>		<u>1 hour</u>
ANTECEDENT CAUSES <u>Chronic Hypertension</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<u>3 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Diffuse Glomerular Nephritis</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>3 yrs</u>	

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) _____ m. _____	21e. INJURY OCCURRED WHILE AT <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 Nov 10, 1950, to Nov 25, 1950, that I last saw the deceased alive on Nov 25, 1950, and that death occurred at 11:0 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. T. Rhoads</u> (Degree or title)	23b. ADDRESS <u>202 Kirksville, MO</u>	23c. DATE SIGNED <u>11-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 27, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Refuge</u>	24d. LOCATION (City, town, or county) (State) <u>6 Mile N. Kirksville MO</u>
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DATE REC'D BY LOCAL REG. <u>12-4-50</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raul Ralph Davis</u> ADDRESS <u>Levis Funeral Home Kirksville MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 1950 DEC 12 11:55

Date Received: DEC 12 1950
DISTRICT HEALTH OFFICE #2
District File Number 18-50-211
Date Filed: DEC 12 1950

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.

Signed Donald L. Roberts

Signed _____
Student Embalmer

Licensed Embalmer No. 4722

P. O. Address Keshville, 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.