

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5644

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>282</u>  |  | PRIMARY REG. DIST. NO. <u>5968</u>  |  | Registrar's No. <u>23</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lack</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Lack</u>   |  |   |  |
| b. CITY OR TOWN <u>Halfway</u>   |  | c. LENGTH OF STAY (If this place) <u>Life</u>  |  | c. CITY OR TOWN <u>Halfway</u>  |  | 0179  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway 64 in Halfway</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>on Highway 64 in Halfway</u>   |  |   |  |
| 3. NAME OF DECEASED (First) <u>Edward Lee Vanzandt</u>   |  |  | b. (Middle)                              |   |  | c. (Last)   |  |
| 4. DATE OF DEATH <u>Feb 4 1951</u>   |  |  |  | Month (Day) (Year)  |  |   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  |  | 8. DATE OF BIRTH <u>Feb 8 1882</u>  |  |
| 9. AGE (In years last birthday) <u>68</u>  |  | 10. MONTHS <u>11</u>   |  | 11. DAYS <u>27</u>  |  | 12. HOURS   MIN.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter Work</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Lack Co Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>A.C. Vanzandt</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Rodgers</u> |   |  | 14. NAME OF HUSBAND OR WIFE <u>Maudie Ann Vanzandt</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. <u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Ann Vanzandt</u> ADDRESS <u>Halfway</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.   |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>471X</u> |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>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)  |  | 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 <u>1-28</u> , 19 <u>51</u> , to <u>2-4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-28</u> , 19 <u>51</u> , and that death occurred at <u>10:25A</u> m., from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE <u>Maude O. Damm</u> (Degree or title) <u>W.D.</u>  |  |  |  | 23b. ADDRESS <u>Buffalo Mo</u>  |  | 23c. DATE SIGNED <u>2-7-51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Feb 6 1951</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Reed Cemetery</u>   |  | 24d. LOCATION (City, town, or County) (State) <u>Near Halfway Mo</u>                |  |
| DATE REC'D BY LOCAL REG. <u>Feb. 12, 1951</u>  |  | REGISTRAR'S SIGNATURE <u>Ralph G. Gindler</u>  |  | 25. FURNERIE DIRECTOR'S SIGNATURE <u>James J. Gindler</u>   |  | ADDRESS <u>and Blue Belknap Mo</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

0840

DIVISION OF HEALTH OF MO.

5 - Springfield

FEB 21 1951

2-15-416

2-21-51

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

*Willard B. Erwin*

Signed.....

Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Baltimore, 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.