

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7455
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5048

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Verona Rt. 1, McDonald</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Verona Rt. 1 McDonald Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>Near McDowell, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Loretta</u>		b. (Middle) _____ c. (Last) <u>Vansandt</u>	
4. DATE OF DEATH <u>Jan. 1 1951</u>		5. SEX <u>Female</u>	
6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 12, 1918</u>		9. AGE (In years last birthday) <u>32</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Purdy, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Justin O. Phetteplace</u>		13b. MOTHER'S MAIDEN NAME <u>Ida King</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Vansandt</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Vansandt, Verona, rt. 1</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 Myo. Carditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) <u>4222</u>	
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>3-26</u> , 19 <u>48</u> , to <u>1-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-27</u> , 19 <u>50</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>L. O. Baldwin</u>		23b. ADDRESS <u>Purdy, MO.</u>	
23c. DATE SIGNED <u>1-11-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>East Purdy, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Elsie Hudson</u>	
DATE REC'D BY LOCAL REG. <u>4-9-51</u>		ADDRESS <u>Bennett-Wormington, Monett, Mo.</u>	

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

~~DIVISION OF HEALTH OF MO.~~

~~District No. 3 - Springfield~~

~~RECEIVED JAN 16 1951.~~

~~Dist. File _____~~

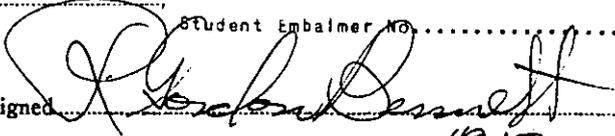
~~Date Filed _____~~

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.

Signed.....
Student Embalmer

Signed  Student Embalmer No.

Licensed Embalmer No. 4213

P. O. Address Mo., 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.