

FILED MAR 6 1952

STANDARD CERTIFICATE OF DEATH

State File No. 4443

BIRTH NO. REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 8-1952

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba "Rural" Benton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba "Rural" Benton</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 blocks N. city limits near Hwy 19</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 blocks N. city limits near Hwy 19</u>			

3. NAME OF DECEASED a. (First) <u>Robert</u> (Type or Print)		b. (Middle) <u>Hamilton</u>		c. (Last) <u>VANCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 23, 1888</u>		9. AGE (In years last birthday) Months Days <u>63 4 9</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (State or foreign country) <u>Unknown - Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Vance</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF DECEASED'S WIFE <u>Gettrude Davis</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>499-28-3349</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gettrude Vance</u>		
				ADDRESS <u>Cuba MO</u>		

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u>					
		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 <u>1561</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) (Min)		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 JAN 10, 1952, to FEB 12, 1952, that I last saw the deceased alive on FEB 12, 1952, and that death occurred at 12:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph T. De Leo, D.C., D.D.</u>		23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>2-13-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 15-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St James MO</u>	
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DATE REC'D BY LOCAL REG. <u>2/15/1952</u>		REGISTRAR'S SIGNATURE <u>Paul R. Shaul</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Hoever</u>		ADDRESS <u>Cuba Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

286

APR 7 1959

JUN 28 1966

MAR 7 1967

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 Norman C. Haener

Signed.....
Student Embalmer

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.