

No. 300
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FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5690

State File No.

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 5702 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Rural Mooresville Twp</u>		c. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Mooresville Twp.</u>	
c. LENGTH OF STAY (In this place) <u>79 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles N.W. Mooresville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles N.W. Mooresville</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carrie</u>	b. (Middle) <u>Evelyn</u>	c. (Last) <u>Vadnais</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 8, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 21, 1869</u>	9. AGE (In years last birthday) <u>82</u>	10 UNDER 1 YEAR Months	11 YEAR Days	12 UNDER 1 MIN. Hours	13 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Belle Plaine, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Rora B. Herriman</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Matthews</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis P. Vadnais</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anson Vadnais; Mooresville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nothing following pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>		
	DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>241X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <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 Feb 1st, 1952, to Feb 8, 1952, that I last saw the deceased alive on Feb 1st, 1952, and that death occurred at 10 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo Moore M.D.</u> (Degree or title)	23b. ADDRESS <u>Leadlow Mo</u>	23c. DATE SIGNED <u>2-11-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mooresville</u>	24d. LOCATION (City, town, or county) (State) <u>Mooresville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 11, 1952</u>	REGISTRAR'S SIGNATURE <u>Lucie L. Caring</u> 175	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>
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(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

Elton J. Norman

Signed.....
Student Embalmer

Licensed Embalmer No. *4036*

P. O. Address *Phillipath, 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.