

No. 300  
10.45

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15431

State File No. ....

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

FILED APR 23 1952

BIRTH NO. 83063 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Rural Breton</u>		c. CITY OR TOWN <u>Rural Breton</u>	
c. LENGTH OF STAY (in this place)		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Potosi</u>		d. STREET ADDRESS (If rural, give location) <u>Near Potosi</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Edward</u> c. (Last) <u>Vance</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Nov. 25-1901</u>		9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months <u>12</u> Days <u>12</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Curtis Vance</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Myers</u>		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Vance Potosi Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation on neck - accidental</u>		DUE TO (b) <u>—</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>—</u>					
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>110 E9210-92</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Potosi Washington Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	

22. I hereby certify that I attended the deceased from no physician, 19—, that I last saw the deceased alive on never, 19—, and that death occurred at 14:41 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph L. Thurman M.D.</u>		23b. ADDRESS <u>Potosi Mo.</u>		23c. DATE SIGNED <u>4-8-1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bates Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4/10/52</u>		REGISTRAR'S SIGNATURE <u>Harold Curdall</u>		403-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Luther Spake Potosi Mo.</u>	
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RECEIVED

APR 15 1952

WASH. COUNTY HEALTH DEPT.

File No. 452-370-4

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.....  
Student Embalmer

Signed

*Murphy L. Spurr*

Licensed Embalmer No.

*4236*

P. O. Address

*Stat River 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.