

MAY 29 1952

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15945

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salem</u>	
c. LENGTH OF STAY (in this place) <u>0331</u>		d. STREET ADDRESS (If rural, give location) <u>305 Pershing (Pershing)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas E. Still Osteopathic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiram</u> b. (Middle) _____ c. (Last) <u>Vance</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 52</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>Feb. 11-1890</u>
9. AGE (In years last birthday) <u>62</u> (Months) <u>3</u> (Days) <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>logger</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER</u>		11. BIRTHPLACE (State or foreign country) <u>Rector Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>James Vance</u>	13b. MOTHER'S MARRIAGE NAME <u>MARY Forrest</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Lee Vance</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-10-3097</u>	17. INFORMANT'S SIGNATURE AND NAME OF ST. ADDRESS <u>Velma Swinney St. Louis 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 May 27, 1952, to May 28, 1952; that I last saw the deceased alive on May 27, 1952, and that death occurred at 1:45A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest E. Kalschke</u>	23b. ADDRESS <u>616 E. High Jefferson City Mo</u>	23c. DATE SIGNED <u>May 28 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 28-1952</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Spencer</u>	ADDRESS <u>Salem Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.