

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32213

State File No.

FILED SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 499

1581
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> <u>1581</u>	
c. LENGTH OF STAY (In this place) <u>8 da</u>		d. STREET ADDRESS (If rural, give location) <u>127 W. Brooker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u> b. (Middle) <u>Vanwye</u> c. (Last) <u>Vanwye</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1952</u>		
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 24, 1885</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Days <u>1</u> IF UNDER 24 Hrs. Hours <u>3</u> Min.	
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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Pee Dee Missouri</u> <u>U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah ann Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>Edward</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orval Sturguess Ft Madison, Ia</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from June 9, 1948 to Aug 27, 1952 that I last saw the deceased alive on Aug 27, 1952 and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert W. Smith</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>8-28-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>8-29-52</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u> <u>401-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. Long P.O. Marceline Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 X

..... Student Embalmer No. X

working under my personal supervision.

Student X

Student Embalmer

Signed George W. Davel

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.