

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34154

State File No.

BIRTH NO. **110** NOV 10 1952

REG. DIST. NO. **13**

PRIMARY REG. DIST. NO. **5055**

Registrar's No. **88**

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

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Capp Creek Twp		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Capp Creek Twp		d. STREET ADDRESS (If rural, give location) 8 miles S.E. of Pirc City, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Purdy R & 2 Mo			d. STREET ADDRESS (If rural, give location) 8 miles S.E. of Pirc City, Mo		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) George c. (Last) Vonslevitz			4. DATE OF DEATH (Month) (Day) (Year) Oct 31-52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21 1898	9. AGE (In years) (Months) (Days) 54 4 10	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Barry Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Carl Vonslevitz		13b. MOTHER'S MAIDEN NAME Uma Abramowitz	14. NAME OF HUSBAND OR WIFE Victoria Vonslevitz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Victoria Vonslevitz Purdy, Mo ADDRESS		
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, ashenia, 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) Cerebral Hemorrhage	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease				13 days
DUE TO (c) Myocardial failure	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				not known
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) 443 X			
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 Jan 8, 1952 , to Oct 31, 1952 , that I last saw the deceased alive on Oct 30, 1952 , and that death occurred at 9:05 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. G. Edwards M.D. (Degree or title)		23b. ADDRESS Monett, Mo		23c. DATE SIGNED 11/3/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 3-52	24c. NAME OF CEMETERY OR CREMATORY St Mary	24d. LOCATION (City, town, or county) (State) Pirc City, Mo		
DATE REC'D BY LOCAL REG. Nov. 7-1952	REGISTRAR'S SIGNATURE Oliver A. Worthington		25. FUNERAL DIRECTOR'S SIGNATURE Shelbo Bras ADDRESS Pirc City, Mo		

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

Edwin P. Weeks

working under my personal supervision.

Student Embalmer No.

Signed

Edwin P. Weeks

Signed.....
Student Embalmer

Licensed Embalmer No. *4134*

P. O. Address *Sevier City, 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.