

FILED NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38365**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2100 Registrar's No. 1000

1. PLACE OF DEATH  
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, 1396

c. LENGTH OF STAY (in this place) 10 years

d. STREET ADDRESS (If rural, give location) 1108 E. Sunshine. 0

3. NAME OF DECEASED  
a. (First) Paul b. (Middle) Courtney c. (Last) Vance

4. DATE OF DEATH November 9, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH November 13, 1887

9. AGE (in years) 64 11 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Insulation

11. BIRTHPLACE (City and State or Foreign Country) Morgantown, West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert A. Vance

13b. MOTHER'S MAIDEN NAME Eugenie Courtney

14. NAME OF HUSBAND OR WIFE Kathryn Vance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. War I

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kathryn Vance Springfield,

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Infarction due to Arteriosclerotic Coronary Thrombotic  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic Coronary Thrombotic  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 weeks

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 8-20, 1952 to 11-9, 1952, that I last saw the deceased alive on 11-9, 1952, and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE William J. Paul, M.D. (Degree or title)

23b. ADDRESS 609 Cherry, Springfield,

23c. DATE SIGNED 11/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 12, 1952

24c. NAME OF CEMETERY OR CREMATORY National

24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 11-12-52

REGISTRAR'S SIGNATURE Edith Williams

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri

(Licensed Engstrom's Statement on Reverse Side)

0396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 1953

NOV 20 1950

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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.