

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

44342

State File No.

No. 300
10.48

FILED DEC 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>163</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Washington Twp.</u>		c. LENGTH OF STAY (In this place) <u>3-0-20</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lee Summit 0480</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>				d. STREET ADDRESS (If rural, give location) <u>Rural 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u> b. (Middle) <u>L</u> c. (Last) <u>Vanatta</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-28-1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-8-1893</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg Mo</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>J. D. Daniels</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Donaldson</u>			14. NAME OF HUSBAND OR WIFE <u>Thomas W Vanatta</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thos W Vanatta, 106 Madison Lee Summit Mo</u>			
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) <u>Tarlinson's Disease</u> ANTECEDENT CAUSES 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. <u>350X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>P</u> <u>0</u>
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)			
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?			
22. I hereby certify that I attended the deceased from <u>11-9-1949</u> , to <u>11-29-1952</u> , that I last saw the deceased alive on <u>11-28-1952</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. D. Birch, M.D.</u>				23b. ADDRESS <u>State Hospital # 3</u>		23c. DATE SIGNED <u>11-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>11-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-13-52</u>		REGISTRAR'S SIGNATURE <u>Uma E. Henry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cherney Phillips Warrensburg Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

80
2

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 Mark Eibinger

Licensed Embalmer No. 12656

P. O. Address Nevada 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.