

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2705**
352

FILED JAN 9 1953
BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **14450** Registrar's No. _____

910
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Ripley.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Ripley.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan.	
c. LENGTH OF STAY (In this place) 10 years.		d. STREET ADDRESS (If rural, give location) 209 Vine Street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 Vine Street.		e. STREET ADDRESS 209 Vine Street.	

3. NAME OF DECEASED (Type or Print)	a. (First) Loranzia	b. (Middle) Dow	c. (Last) Vandiver.	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1953.
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5. SEX Male.	6. COLOR OR RACE white.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married. 1	8. DATE OF BIRTH Dec. 22, 1889.	9. AGE (In years last birthday) 63.	IF UNDER 1 YEAR Months 2-- Days 10	IF UNDER 24 HRS. Hours --- Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming.	10b. KIND OF BUSINESS OR INDUSTRY Agriculture.	11. BIRTHPLACE (State or foreign country) Brandsville, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward J. Vandiver.	13b. MOTHER'S MAIDEN NAME Missouri Rideout.	14. NAME OF HUSBAND OR WIFE Alma Vandiver.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give war or dates of service) World war I.	16. SOCIAL SECURITY NO. 497-07-5565.	17. INFORMANT'S SIGNATURE OR NAME Alma Vandiver.	ADDRESS Doniphan Mo.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart		INTERVAL BETWEEN ONSET AND DEATH 1940.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritic Trouble.		
	DUE TO (c) Deformans.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			since world war #1.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	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)	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 **2-5, 1931** to **1-2, 1953**, that I last saw the deceased alive on **1-2, 1953**, and that death occurred at **3P** m., from the causes and on the date stated above.

23a. SIGNATURE Clifford J. Fontana, M.D.	23b. ADDRESS Doniphan, Missouri	23c. DATE SIGNED 1-4-53.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Amity Cemetery	24d. LOCATION (City, town, or county) (State) Ripley County, Missouri
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DATE REC'D BY LOCAL REG. 1-4-53	REGISTRAR'S SIGNATURE [Signature] 2770	25. FUNERAL DIRECTOR'S SIGNATURE Ray Meers.	ADDRESS Doniphan, Mo.
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FEB 10 1953

FEB 9 1953

JAN 14 1953

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 Ray Means.....

Licensed Embalmer No. 3743.....

P. O. Address Daniphan, 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.