

FILED FEB 16 1953

STANDARD CERTIFICATE OF DEATH

State File No. **6932**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **4346** Registrar's No. \_\_\_\_\_

0700

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

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Montgomery City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0700</b> OR TOWN <b>Montgomery City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louie</b> b. (Middle) <b>Jane</b> c. (Last) <b>Von Vain</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-8-1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <b>3-22-1865</b>	
				9. AGE (In years last birthday) <b>87</b> IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>Terre Haute Indiana</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		

13a. FATHER'S NAME <b>Augusta Harrell</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Ward</b>		14. NAME OF HUSBAND OR WIFE <b>Jacob Von Vain "deceased"</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Velma VonVain Montgomery City Mo</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Chronic Nephritis</b> <b>10 years</b>	
				DUE TO (c) <b>Generalized Arteriosclerosis</b> <b>20 yrs</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Semiprobable 4/4/28 to 9/5</b>	

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		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)		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 **12-14, 1935**, to **2-8, 1953**, that I last saw the deceased alive on **Jan 28, 1953**, and that death occurred at **2:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. J. Anderson Jr. M.D.</b> (Degree or title)		23b. ADDRESS <b>Montgomery City Mo</b>		23c. DATE SIGNED <b>2/9/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-10-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Middletown</b>	
				24d. LOCATION (City, town, or county) (State) <b>Middletown Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Feb 9-53</b>		REGISTRAR'S SIGNATURE <b>Dune S. Callaway</b>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Montgomery City MO</b>	
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INSTITUTION TO RELEASE TO HOLDING BODY

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, XXX on the 8 day of Feb 1953, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. I487

P. O. Address Montgomery 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.