

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14945

State File No.

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 3090 PRIMARY REG. DIST. NO. 5697 Registrar's No. 64

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Rich Hill Twp</u>)		c. LENGTH OF STAY (in this place) <u>32 years</u>	c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Rural Rich Hill Township</u> <u>0590</u>)		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles northeast Chillicothe</u>			d. STREET ADDRESS (If rural, give location) <u>6 miles Northeast of Chillicothe</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alberta</u>		b. (Middle) <u>Lillie Vanfossen</u>		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 27, 1953</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>June 10, 1879</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Highland County, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Allen H. Deverick</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda F. Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur B. Vanfossen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur B. Vanfossen; R. R. Chillicothe, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> ANTECEDENT CAUSES <u>Arterio sclerosis</u> DUE TO (b) <u>Arterio sclerosis</u> <u>about 1875</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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. HOW DID INJURY OCCUR? _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Jan 1, 1945</u> , to <u>April 27, 1953</u> , that I last saw the deceased alive on <u>Apr 13, 1953</u> , and that death occurred at <u>9:45 Pm.</u> , from the causes and on the date stated above.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title) _____			22b. ADDRESS <u>Chillicothe, Mo.</u>		22c. DATE SIGNED <u>Apr 29 1953</u>
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE _____	22c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-29-53</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		23. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u> ADDRESS _____	

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 Emmitt E. Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, Missouri

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.