

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **4508** Registrar's No. **22**

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

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galena</b>		c. LENGTH OF STAY (in this place) OR TOWN <b>Galena</b> <b>1040</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>8</b>	

3. NAME OF DECEASED (Type or Print) <b>Bessie</b> g. (First) <b>Mal</b> b. (Middle) <b>Vining</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 14-1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>w/h</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 13-1895</b>	9. AGE (In years if under 1 year, if under 12 months, if under 12 hours, if under 12 min.) <b>57-0-29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Taney Co.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Robert Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Davis</b>		14. NAME OF HUSBAND OR WIFE <b>Clyde Vining</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. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Vining</b> ADDRESS <b>Galena 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis c.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b> <b>20 days.</b>
	ANTECEDENT CAUSES <b>Acute decompensation</b>		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **April 14, 1953** to **April 14, 1953** that I last saw the deceased alive on **April 14, 1953**, and that death occurred at **7:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Sudh K. Kommand</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Crana Mo.</b>	23c. DATE SIGNED <b>April 17, 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 19-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Galena Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Galena Mo.</b>

DATE REC'D BY LOCAL REG. <b>April 18-53</b>	REGISTRAR'S SIGNATURE <b>Mrs. J. Elmer Bussseau</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Cheatham</b> ADDRESS <b>Galena Mo.</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Emeritt J. Cheatham*

Signed.....

Student Embalmer

Licensed Embalmer No. *3870*

P. O. Address *Salina 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.