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FILED JUN 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22634

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Foristell
c. LENGTH OF STAY (in this place): 9 1/2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Foristell 0920
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Jackson
c. (Last): Vance

4. DATE OF DEATH (Month) (Day) (Year): June 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 5-1877
9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): Salem Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Hugh Vance
13b. MOTHER'S MAIDEN NAME: Jane Bedwell
14. NAME OF HUSBAND OR WIFE: Lulla Counts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Beulah Bryson
ADDRESS: Foristell Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac decompensation 2 wks

DUE TO (c) Chronic hypertension 5 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 3, 1953, *to* June 7, 1953, *that I last saw the deceased alive on* June 5, 1953 *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Beckemeyer MD
23b. ADDRESS: Wright City
23c. DATE SIGNED: June 9

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-10-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Salem Mo

DATE REC'D BY LOCAL REG.: June 17 1953
REGISTRAR'S SIGNATURE: Martin Gray
25. FUNERAL DIRECTOR'S SIGNATURE: T. E. Pitman
ADDRESS: Funeral Home Weltzy Ave Mo
(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1956

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 Annetta M. [illegible]

Licensed Embalmer No. 3055

P. O. Address [illegible]

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.