

No. 300  
10. 48

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

12 Cert # 578  
41695-

# STANDARD CERTIFICATE OF DEATH

24269

State File No. ....

FILED JUL 23 1953

BIRTH NO. ... REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Benton</u>	
c. LENGTH OF STAY (in this place) <u>12 Hours</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi S-E of Chamois Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sharon</u> b. (Middle) <u>Kay</u> c. (Last) <u>Vahrenberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	
8. DATE OF BIRTH <u>July - 14 - 53</u>		9. AGE (in years last birthday) <u>—</u>		10. IF UNDER 1 YEAR: Days <u>—</u> Hours <u>—</u> Min. <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Emil Vahrenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Vivian Curtie</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emil Vahrenberg</u> ADDRESS <u>Chamois, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Antecedent Causes			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>774x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>1</u>		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) (Min.)		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 July 14, 1953 to July 15, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John D. Sennott, M.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>7-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E+R CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Chamois Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley E. Meyer</u> ADDRESS <u>Chamois</u>			
DATE REC'D BY LOCAL REG. <u>July 22 - 1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Harris MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley E. Meyer</u> ADDRESS <u>Chamois</u>	

**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 \_\_\_\_\_

*Was not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Stanley E. Meyer*

Licensed Embalmer No. *4639*

P. O. Address *Chambers 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.