

STANDARD CERTIFICATE OF DEATH

State File No. 35307

10.300
10.48

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Box 200</u> OR TOWN <u>Rural</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Hospital</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u> c. LENGTH OF STAY (In this place) <u>1 Wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Box Township</u> d. STREET ADDRESS (If rural, give location) <u>Rural Rt#5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>C.</u> b. (Middle) <u>J.</u> c. (Last) <u>VILHAUER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1953</u>
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-28-1871</u> 9. AGE (In years last birthday) <u>82</u> 10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u> 11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Ill. /</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Ill. /</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Vilhauer</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bill Seitz - Rt. 3, El Dorado Spgs.</u> ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>
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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) <u>4222</u>
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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? _____
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22. I hereby certify that I attended the deceased from 9 June, 1953 to 25 Oct, 1953, that I last saw the deceased alive on 25 Oct, 1953, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Registrier or title) <u>John Will Moore</u>	23b. ADDRESS <u>El Dorado Springs, Mo</u>	23c. DATE SIGNED <u>10/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Love Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 26, 1953</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Moore</u> ADDRESS <u>El Dorado Spgs., Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs, 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.