

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36391

State File No. _____

FILED NOV 9 - 1953
 BIRTH NO. 71589 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lexington</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	
c. LENGTH OF STAY (In this place) <u>7 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2320 Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kathy</u> b. (Middle) <u>Coleen</u> c. (Last) <u>Vanover</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 24, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>October 24, 1953</u>
9. AGE (In years last birthday) <u>0</u> 10. MONTHS <u>0</u> 11. DAYS <u>0</u>		12. IF UNDER 122. Hours <u>0</u> 13. Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel P. Vanover</u>		13b. MOTHER'S MAIDEN NAME <u>Amagene Roberts</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Samuel P. Vanover, Lexington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature (27 weeks)</u>		INTERVAL BETWEEN ONSET AND 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) _____			
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 <u>774X</u>	
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. 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 <u>Oct 24, 1953</u>, to <u>Oct 24, 1953</u>, that I last saw the deceased alive on <u>Oct 24, 1953</u> and that death occurred at <u>2:00 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u>		23b. ADDRESS <u>Lexington, Mo.</u>	
23c. DATE SIGNED <u>11/2/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>October 24, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jan</u>		24d. LOCATION (City, town, or county) (State) <u>Jan, Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>10-30-53</u>		REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Bus

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 _____

J. M. McKeon

Licensed Embalmer No. _____

298

P. O. Address _____

Denigton, 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.