S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39493

FILED DEC 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 235

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mc Cune Brooks Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Diamond
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Marion Twn.

0125

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Alice
c. (Last): Vannaman

4. DATE OF DEATH (Month) (Day) (Year): 11-21-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Devorced
8. DATE OF BIRTH: 11-24-1911
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 11, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (City and State or Foreign Country): Rocky Comfort Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Tom E. Reynolds
13b. MOTHER'S MAIDEN NAME: Hattie P. Rogers
14. NAME OF HUSBAND OR WIFE: Newt Vannaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Joe E. Reynolds Diamond, Missouri

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus Cerebral — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis Chronic with auricular fibrillation — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hyperthyroidism — 6 mo

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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.: None
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* May 12, 1953, *to* Nov 21, 1953, *that I last saw the deceased alive on* Nov 19, 1953, *and that death occurred at* 12:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Wood M.D.
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 11/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-23-1953
24c. NAME OF CEMETERY OR CREMATORY: Clear Creek Cem.
24d. LOCATION (City, town, or county) (State): Granby, Missouri

DATE REC'D BY LOCAL REG.: 11-23-53
REGISTRAR'S SIGNATURE: Lloyd B. Clinton M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

139

RECEIVED DEC 2 1953
Jasper County Health Office
County File Number 53-11-960
Date Filed DEC 2 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. G-2

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.