

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26074**

BIRTH NO. _____		REG. DIST. NO. <b>358</b>		PRIMARY REG. DIST. NO. <b>6212</b>		Registrar's No. <b>10</b>		
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural, Bacon Twp</b> )		c. LENGTH OF STAY (In this place) <b>86 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bacon Twp. 10<sup>80</sup></b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Augusta</b>			b. (Middle) <b>Rebecca</b>		c. (Last) <b>Vantellman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 33 1954</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>August 21, 1866</b>		9. AGE (In years last birthday) <b>87 yrs</b>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Jefferson City, Mo 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Charles Christopher Mame</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Raittel</b>		14. NAME OF HUSBAND OR WIFE <b>John Vantellman</b>				
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 <b>Mrs Daisy Haggard Schell City, Mo</b>				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>				DUE TO (b) <b>Excessive heat</b>				
ANTECEDENT CAUSES 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.				<b>E9310</b> <b>22</b>				
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>				
22. I hereby certify that I attended the deceased from <b>7-19</b> , 19 <b>54</b> , to <b>7-19</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>7-19</b> , 19 <b>54</b> , and that death occurred at <b>12:30 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>W. Richardson M.D.</b>				23b. ADDRESS <b>Jefferson Mo</b>		23c. DATE SIGNED <b>7-23-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 25, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mame Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Schell City (Rural) Mo.</b>		
DATE REC'D BY LOCAL REG. <b>July 25-54</b>		REGISTRAR'S SIGNATURE <b>Bliss B. Daily 463</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis &amp; Son</b>		ADDRESS <b>Schell City, Mo</b>		

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Marion M. Lewis*

Licensed Embalmer No. *3084*

P. O. Address *Schell City 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.