

THE DIVISION OF HEALTH OF THE STATE OF CALIFORNIA
STANDARD CERTIFICATE OF DEATH

32760

State File No.

FILED SEP 29 1954

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6990 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Liberty Twp.</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>	c. CITY OR TOWN <u>Burbank</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles east Sweet Springs</u>		e. STREET ADDRESS (If rural, give location) <u>927 North Evergreen</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Blaine</u> c. (Last) <u>Vawter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>October 7, 1884</u>	9. AGE (in years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Vawter</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Grinstead</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>334-03-8018</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emery Vawter</u>	ADDRESS <u>Marshall, Missouri</u>
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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>Inst. -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u></u>		
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)
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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 made in realisation, 1954, to 9-26-54, 1954, that I last saw the deceased alive on 6-20, 1954, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.D. Coroner Saline Co. Emery Vawter</u>	(Degree or title) _____	23b. ADDRESS <u>Marshall Mo.</u>	23c. DATE SIGNED <u>9-26-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 27, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Glendale, California</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 27, 1954</u>	REGISTRAR'S SIGNATURE <u>Mary Mosley</u>	509	FUNERAL DIRECTOR'S SIGNATURE <u>(Campbell)-Lewis</u>	ADDRESS <u>MARSHALL, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 13 1952

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.....
Signature of Student Embalmer

Signed *W. Campbell Jr.*.....

Licensed Embalmer No. *3467*

P. O. Address *Marshall*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.