

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

988

BIRTH NO.

REG. DIST. NO.

137

PRIMARY REG. DIST. NO.

3023

Registrar's No.

40

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Clintonc. LENGTH OF STAY (in this place)
10 daysd. FULL NAME OF HOSPITAL OR INSTITUTION
Wetzel Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Hickory

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Rural - Center Townshipd. STREET ADDRESS (If rural, give location)
7 mi. SE of Wheatland

9430

3. NAME OF DECEASED

a. (First)

George

b. (Middle)

E. Vanderford

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

JAN 30-1955

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 11-1869

9. AGE (In years last birthday)

85

10. UNDER 1 YEAR

Days

Hours

Min.

9

19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
General Farming

11. BIRTHPLACE (State or foreign country)

Walla County, Mo

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13a. FATHER'S NAME

Jessie Vanderford

13b. MOTHER'S MAIDEN NAME

Margaret Drake

14. NAME OF HUSBAND OR WIFE

Hannah May Vanderford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

None

18. ADDRESS

May Vanderford Wheatland Mo

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Post operative prostatic

DUE TO (c)

Prostatic hypertrophy

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

3

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

Prostatic hypertrophy 610 X

20. AUTOPSY?

YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE

Dr. J. W. West

23b. ADDRESS

Clinton Mo

23c. DATE SIGNED

2-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Feb 1-1955

24c. NAME OF CEMETERY OR CREMATORY

Dooly Bend Cemetery

24d. LOCATION (City, town, or county)

Wheatland Mo

24e. (State)

DATE REC'D BY LOCAL REG.

Feb 1-55

REGISTRAR'S SIGNATURE

Florence Adair

25. FUNERAL DIRECTOR'S SIGNATURE

422

25. ADDRESS

Silber & Thayer

25. ADDRESS

Wheatland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Clas Gilbert Hawley

Licensed Embalmer No. *4267*

P. O. Address

Wheatland, 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.