

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3898

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5111</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY OR TOWN <u>Lutesville, R. F. D Liberty</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Glennon</u>				d. STREET ADDRESS (If rural, give location) <u>Near Glennon</u> <u>0090</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First) <u>Elizabeth</u>		c. (Last) <u>Vangennip</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21st '55</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov, 25th 82</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>2</u>		11. DAYS <u>26</u>		12. HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>			
11. BIRTHPLACE (State or foreign country) <u>Glennon, Mo,</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A,</u>			
13a. FATHER'S NAME <u>John Beel</u>				13b. MOTHER'S MAIDEN NAME <u>Vandermierden</u>			
14. NAME OF HUSBAND OR WIFE <u>Alfred Vangennip</u>							
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. <u>000000000</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Van Vangennip</u>				ADDRESS <u>Lutesville,</u>			
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) <u>Hypertension</u>  ANTECEDENT CAUSES  Morbidity 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>Sensitivity</u>  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
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>1938</u> , to <u>Feb 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 21</u> , 19 <u>55</u> , and that death occurred at <u>8:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Masters</u> <u>25</u> (Degree or title) <u>0</u> <u>NO.</u>				23b. ADDRESS <u>Advance Mo.</u>		23c. DATE SIGNED <u>Feb. 23, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 25, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glennan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glennon, Mo,</u>	
DATE REC'D BY LOCAL REG. <u>Feb 26 55</u>		REGISTRAR'S SIGNATURE <u>Mellie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baker Funeral Home Lutesville,</u>			

(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

*W. E. Shahan*

Licensed Embalmer No. *4010*

P. O. Address

*Lutesville*

**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.