

THE DIVISION OF HEALTH OF MISSOURI

FILED MAR 28 1955

STANDARD CERTIFICATE OF DEATH

7905

State File No. ....

No. 300  
10.48  
903

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5459 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> <u>0495</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield-(Center Township)</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>Joplin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 miles Northwest Springfield</u>		e. STREET ADDRESS (If rural, give location) <u>731 Empire Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FAYTHE ADELADE</u> b. (Middle) <u>ADELINE</u> c. (Last) <u>VANNOY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1955</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 17, 1904</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10. USUAL OCCUPATION (If kind of work or department of working establishment) <u>housewife</u>		11. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Delta, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Andrew Payne</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Payne</u>	14. NAME OF HUSBAND OR WIFE <u>C. C. Vannoy</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>C. C. Vannoy</u>		ADDRESS <u>Joplin, Mo.,</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Act. Skull</u>		
	ANTECEDENT CAUSES <u>Crushed chest</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E86A.X.</u> <u>39</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Center Greene Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Center Greene Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-20-'55 10:45</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Airplane Crash</u> <u>039</u>

22. I hereby certify that ~~the deceased died~~ about 10:45 m., from the causes and on the date stated above.

23. SIGNATURE (Print name and title) <u>E. E. Allen Pickens, M.D.</u> CORONER	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>3/22/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/23/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Joplin, Missouri</u>

DATE REC'D BY LOCAL REG. <u>3-23-55</u>	REGISTRAR'S SIGNATURE <u>Wm. Williams</u>	ADDRESS <u>Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 16 1955

APR 4 1958

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 *James W. Wair*.....

Licensed Embalmer No. *465*

P. O. Address *Springfield*

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.