

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12584**

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 78			
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 3 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		0592 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicoth hospital				d. STREET ADDRESS (If rural, give location) 1405 Monroe					
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE			b. (Middle) B.		c. (Last) VANDEGRIFT		4. DATE OF DEATH (Month) (Day) (Year) Apr. 3, 1955		
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 24, 1867	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Benton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Calvin T. Adams			13b. MOTHER'S MAIDEN NAME Amanda Montgomery		14. NAME OF HUSBAND OR WIFE George (deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Spurdock		ADDRESS Chillicothe Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MECHANICAL CERTIFICATION				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction - Bilateral				INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 491 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1, 1947 , to Apr 3, 1955 , that I last saw the deceased alive on Apr 2, 1955 , and that death occurred at 3:30A m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph G. Conrad M.D.				23b. ADDRESS Chillicothe Mo.		23c. DATE SIGNED Apr 7-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 8, 1955		24c. NAME OF CEMETERY OR CREMATORY Edgewood cemetery		24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.			
DATE REC'D BY LOCAL REG. 4-7-55		REGISTRAR'S SIGNATURE Francis B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Ronald Gordon		ADDRESS Chillicothe Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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 Ronald Godwin

Licensed Embalmer No. 4191

P. O. Address Phillipsville 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.