

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16281**

FILED MAY 25 1955

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>50</u>			
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Bartholomew					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Leonard Wood, Mo.		c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbus		8/13 ⁰			
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital				d. STREET ADDRESS (If rural, give location) 501 Center Street 8					
3. NAME OF DECEASED (Type or Print) a. (First) Nona			b. (Middle)		c. (Last) Vedder		4. DATE OF DEATH (Month) May (Day) 15 (Year) 1955		
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12 August 1924		9. AGE (in years last birthday) 30	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY N/A		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Hubert			13b. MOTHER'S MAIDEN NAME Rose Barnett		14. NAME OF HUSBAND OR WIFE Floyd Vedder				
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME <i>John D. Grnell</i>		ADDRESS US Army Hospital Ft Leonard Wood, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma						INTERVAL BETWEEN ONSET AND DEATH 45 days		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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						20. AUTOPSY? YES <input checked="" 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)		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 14 May , 19 55 , to 15 May , 19 55 , that I last saw the deceased alive on 15 May , 19 55 , and that death occurred at 0705a.m. , from the causes and on the date stated above.									
23a. SIGNATURE <i>Anthony J. Selzer M.D.</i> (Degree or title)				23b. ADDRESS Ft Leonard Wood Mo US Army Hospital		23c. DATE SIGNED 15 May 55			
24a. BURIAL CREMA TION, REMOVAL		24b. DATE May 16-1955		24c. NAME OF CEMETERY OR CREMATORY Columbus Cem.		24d. LOCATION (City, town, or county) (State) Columbus Indiana			
DATE REC'D BY LOCAL REG. 5-16-55		REGISTRAR'S SIGNATURE <i>Carlson Anderson</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Walter P. Hedge</i>		ADDRESS Storia, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 5-21-55

File Number _____
Tulaski County Health Officer

RECEIVED 5-16-55

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 Clarence Dross

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.