S. No. 300
. 10-48

0470
1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18489

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Knob
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Knob Gen Delivery
d. STREET ADDRESS (If rural, give location): 0470

3. NAME OF DECEASED (Type or Print): a. (First) Corda b. (Middle) Elizabeth c. (Last) Vance

4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 55

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9/14/1883
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Terre Haute Indiana.
12. CITIZEN OF WHAT COUNTRY? US.A.

13a. FATHER'S NAME: Gallant Hayes
13b. MOTHER'S MAIDEN NAME: Nancys Baders
14. NAME OF HUSBAND OR WIFE: George VancePilot Knob, M

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George Vance Pilot Knob, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Cardiac failure	few hours
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	far advanced myocarditis	10 mo.
DUE TO (c)	Coronary Occlusion	10 mo.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Ascites 4201	3 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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) m.
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* 8-2-54, 19__, *to* 7-2, 1955, *that I last saw the deceased alive on* 7-2, 1955, *and that death occurred at* 8/50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Harland M.D.
23b. ADDRESS: Ironton, Missouri
23c. DATE SIGNED: 7/4/55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/4/55
24c. NAME OF CEMETERY OR CREMATORY: Pilot Knob Cemetery
24d. LOCATION (City, town, or county) (State): Pilot Knob Missouri

DATE REC'D BY LOCAL REG.: 7-4-55
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128-7
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Howell Funeral Home Ironton, 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, ~~only~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed C A Howell

Licensed Embalmer No. 367

P. O. Address Grantor, 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.