

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21259**  
811

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St Joseph</b> ) c. LENGTH OF STAY (In this place) <b>4</b> <b>2 Mos</b>		c. CITY OR TOWN <b>St Joseph</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3225 South 11th Street Road Parkview at Sunnyslope</b>		e. STREET ADDRESS (If rural, give location) <b>709 Richardson St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Alexander</b> c. (Last) <b>Vandever</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 1, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>November 9, 1875</b>	9. AGE (In years last birthday) <b>79</b>	f UNDER 1 YEAR Months	f UNDER 1 YEAR Days	f UNDER 1 HRS. Hours	f UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Nashville, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Elihu Vandever</b>	13b. MOTHER'S MAIDEN NAME <b>Thursey Elizabeth Conoley</b>	14. NAME OF HUSBAND OR WIFE <b>Etta May Vandever</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Charles Sillers, Fairfax, Mo.</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>10 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral arterio sclerosis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) <b>arterio sclerosis gen</b>  DUE TO (c) <b>334X</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>Smiling</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7/28**, 19**55**, to **7/31**, 19**55**, that I last saw the deceased alive on **7/31**, 19**55**, and that death occurred at **10:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Vandegar</b>	(Degree or title)	23b. ADDRESS <b>620 Francis City</b>	23c. DATE SIGNED <b>8/4/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>August 3, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Forest City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 4, 1955</b>	REGISTRAR'S SIGNATURE <b>Esther M. Allison</b>	4850	25. FUNERAL DIRECTOR'S SIGNATURE <b>James H. Pettigrew</b>	ADDRESS <b>Oregon Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 H. Pettigrew*

Licensed Embalmer No. *319*

P. O. Address *Oregon*

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.