

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22761

State File No. ....

FILED JUL 26 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>425</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give length of town or township) <u>Mt. Vernon 7 mps</u> <i>STAY in this place!</i>				c. CITY OR TOWN <u>Neosho</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>				e. STREET ADDRESS (If rural, give location) <u>0932</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u>			b. (Middle) <u>Jane</u>		c. (Last) <u>Vandergrift</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 7, 1911</u>		9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs.: Days) (Hours) (Min.) <u>44</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Cherryvale, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Robert Thomas Vandergrift</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Snively</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>San. records, Mo. S.S., Mt. Vernon, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis, far advanced with congestive heart failure</u>				DUE TO (b) _____			<u>abt. 3 mo.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>CO2X</u>			_____
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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 (Month) (Day) (Year) (Hour) (Min.) <u>July 18 1955 10:30 a.m.</u>		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 <u>5 - 25 - 1942</u> , to <u>7 - 18 - 1955</u> , that I last saw the deceased alive on <u>July 17, 1955</u> , and that death occurred at <u>2:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Pock, MD</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>7-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Cherryvale, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>7-19-55</u>		REGISTRAR'S SIGNATURE <u>Cecil Sandricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George B. ... Mt. Vernon, Mo.</u>			

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 *George B. Orr*

Licensed Embalmer No. *94*

P. O. Address *Mt. Vernon*

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.