

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32151**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Monett</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If in this place) <b>10 Yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>105 Hickory St.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Home, 105 Hickory St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HOWARD</b>	b. (Middle) <b>DAVID</b>	c. (Last) <b>VANAMBER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 28, 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>June 1, 1886</b>	9. AGE (In years last birthday) <b>69</b>	# UNDER 1 YEAR <b>4</b>	MONTHS <b>4</b>	IF UNDER 1 YEAR Days <b>28</b>	IF UNDER 1 HOUR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Frisco R.R. Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Elgin, S.D.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>David VanAmber</b>	13b. MOTHER'S MAIDEN NAME <b>Lydia Whittaker</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie Hartman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-01-6814</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James R. VanAmber</b>	ADDRESS <b>Monett, Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		<b>5 hrs</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis and Hypertension</b>		<b>?</b> <b>?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 **Oct 19, 1955** to **Oct 28, 1955**, that I last saw the deceased alive on **Oct 28, 1955** and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John E. Edwards, M.D.</b>	23b. ADDRESS <b>Monett, Mo</b>	23c. DATE SIGNED <b>10-31-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/31/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Park</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-5-55</b>	REGISTRAR'S SIGNATURE <b>Mrs. P. N. Cook</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. P. Buchanan</b>	ADDRESS <b>Monett Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1155-353

DATE REC. 11-7-55

FILED  
NOV 10 1955

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 J. D. Buchanan  
Licensed Embalmer No. 311

P. O. Address Monette

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.