

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25853**

**FILED JUL 25 1956**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 164

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Wright</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mansfield</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Douglas</b>
c. LENGTH OF STAY (in this place) <b>2 Hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ava</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mansfield</b>		d. STREET ADDRESS (If rural, give location) <b>2340</b> <b>1</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Benjamin</b>	b. (Middle) <b>F.</b>	c. (Last) <b>Vansaw</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 9 1956</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never married</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 16 1884</b>	<b>9. AGE</b> (In years last birthday) <b>71</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Odd jobs</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Unknown</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>John Vansaw</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Stone</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>W.H. Wilson</b>	<b>ADDRESS</b> <b>Ava Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Small heart failure</i>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocardial infarction</i> DUE TO (c) <i>Chronic hypertension type of angina</i>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>293x</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 7-9, 1956, to 7/9, 1956, that I last saw the deceased alive on 7/9, 1956, and that death occurred at 7:30 P. m., from the causes and on the date stated above.**

<b>22a. SIGNATURE</b> <i>Mrs. L. Holmes</i>	(Degree or title)	<b>23b. ADDRESS</b> <i>202 Mansfield</i>	<b>23c. DATE SIGNED</b> <i>7/9/56</i>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>7 11 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Ava</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Ava Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-15/56</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Ann R...</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Clinkingbeard Funeral Home</b>	<b>ADDRESS</b> <b>Ava, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED July 21, 1956  
WRIGHT CO. HEALTH DEPT.  
County File Number 756-74  
Date Filed July 23, 1956

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 Lyle C. Stinkingbeard

Licensed Embalmer No. 4830

P. O. Address Ava, 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.