

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33143  
STATE FILE NUMBER

FILED OCT 29 1956

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Clinton</b> 0427 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>University of Mo Medical Center</b>		Length of stay in lb <b>9 days</b>	
3. NAME OF DECEASED (Type or print) First <b>DENNIS</b> Middle <b>RAY</b> Last <b>Vance</b>		4. DATE OF DEATH Month <b>Oct</b> Day <b>24</b> Year <b>56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 17, 1950</b>
9. AGE (In years last birthday) <b>6</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>6</b> Hours <b>6</b> Min. <b>6</b>	IF UNDER 24 HRS. Hours <b>6</b> Min. <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and state or country) <b>Harrisonville, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Orville J. Vance</b>	
14. MOTHER'S MAIDEN NAME <b>Helen L. Watkins</b>		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>—</b>		17. INFORMANT Address <b>Helen L. Vance, Clinton, Mo</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ATALECTASIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>INSPISSATED SECRETIONS COMPLICATING TRACHEOTOMY</b> DUE TO (c) <b>HIPPER RESPIRATORY OBSTRUCTION FROM TETANUS (9 days)</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>NONE SAVE MINOR SCALP WOUND - POINT ENTRY FOR C. TETANUS.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>oblx</b>		
20c. TIME OF INJURY Hour <b>—</b> Month <b>—</b> Day <b>—</b> Year <b>—</b> a. m. <b>—</b> p. m. <b>—</b>	Place of burial <b>Walthill Cem. Walthill, Mo.</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>16 October 56</b> , to <b>24 October 56</b> and last saw <b>him</b> alive on <b>24 October 56</b> . Death occurred at <b>7:55 AM</b> <b>m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Walter Kay Houser, Jr. M.D.</b>		22b. ADDRESS <b>Univ of Missouri Medical Center</b>	22c. DATE SIGNED <b>24 Oct 56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-24-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Clinton, Mo</b>
24. FUNERAL DIRECTOR <b>Carver Funeral Service Columbia, Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Oct 24 1956</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>

---

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 *M. W. M. [Signature]*

Licensed Embalmer No. *38*

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.