

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 3690  
13

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5111		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>BOHNINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOHNINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, ZANESVILLE</u>				c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>ADVANCE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL OR INSTITUTION</u>				STREET ADDRESS (If rural, give location) <u>R.#2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>FRANK</u> c. (Last) <u>VANGENNIP</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 14, 1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 4, 1885</u>	
9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT VANGENNIP</u>		13b. MOTHER'S MAIDEN NAME <u>ROSIE CHEVENA</u>		14. NAME OF HUSBAND OR WIFE <u>MAUD VANGENNIP</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY (If yes, give year or date of service) <u>492-42-2395</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. J. ADDRESS</u> <u>MAUD VANGENNIP, ADVANCE, MO</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DUE-HEART-ATTACK</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE-TO-CORONARY-THROMBOSIS</u>  DUE TO (c) _____  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 <u>Cancer</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>O</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NO DOCTOR ATTENDANCE</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:25</u> Am., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>Wm. Zander</u>				23b. ADDRESS <u>Zanesville Mo.</u>		23c. DATE SIGNED <u>3-4-57</u>	
24a. MEDICAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2/17/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Advance Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/4/57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Lloyd S. Marguerite, Advance Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Licensed Embalmer No. 464

P. O. Address Advance

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.