

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 37

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Nevada</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>Nevada</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>111½ E. Cherry</b>   |                                  | Length of stay in lb<br><b>53 years</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>111½ E. Cherry</b> |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>William</b> Middle <b>Homer</b> Last <b>Vance</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>February</b> Day <b>4</b> Year <b>1957</b>   |  |   |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 6 1883</b>  | 9. AGE (In years last birthday)<br><b>73</b>                           | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Barber</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Barber shop</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Harwood, Missouri</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                  |   | 13. FATHER'S NAME<br><b>Taylor Vance</b>  |  |   |
| 14. MOTHER'S MAIDEN NAME<br><b>Mollie -----</b>   |                                  |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>                    |  |   |
| 16. SOCIAL SECURITY NO.<br><b>499-14-1909</b>   |                                  |   | 17. INFORMANT<br><b>Mrs. Aleen Vance Nevada, Missouri</b>   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>   |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 Min.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>No pre-existing cause known, patient died sitting on a stool</b>  |                                  |   |   |  |   |
| DUE TO (c)  |                                  |   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>4201</b>                               |  |   |
| 20c. TIME OF INJURY<br>Hour <b>2</b> Month <b>2</b> Day <b>2</b> Year <b>57</b><br>a. m. <b>00</b> p. m. <b>00</b>  |                                  |   |   |  |   |
| 20d. INJURY OCCURRED<br>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<br><b>3-1</b>                |   |
| 21. I attended the deceased from _____, to _____ and last saw <del>him</del> <sup>her</sup> alive on <b>Feb. 6, 1957</b><br>Death occurred at <b>8:05 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |   |
| 22a. SIGNATURE<br><i>[Signature]</i>  |                                  |   | 22b. ADDRESS<br><b>Nevada - no - Moore Bldg., Nevada, Mo.</b>   |  | 22c. DATE SIGNED<br><b>2-8-57</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>1957 February 6</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Newton Burial Park</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Nevada Missouri</b>                           |
| 24. FUNERAL DIRECTOR<br><b>Ferry Funeral Home, Nevada, Missouri</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-21-57</b>  | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>                        |   |

(Licensed Embalmer's Statement on Reverse Side)

hh,  
alfare  
blic  
vice00  
56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

51  
6

JAN 8 1958  
MAR 14 1958

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 *L. Douglas Ferry*

Licensed Embalmer No. *47*

P. O. Address *N. W. Adams*

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