

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1880

FILED MAY 28 1957

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 128

Health,
& Welfare
Public
Service

S. 300
1-57
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| 1. PLACE OF DEATH a. COUNTY CALLAWAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON | | c. CITY OR TOWN SEDALIA | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp #1 | | d. STREET ADDRESS 714 E. 9th | |
| 3. NAME OF DECEASED (Type or print) First Homer Middle Benton Last Vance Sr. | | 4. DATE OF DEATH Month May Day 22 Year 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-23-80 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN | | 10b. KIND OF BUSINESS OR INDUSTRY SPECIALTY | 11. BIRTHPLACE (City and state or country) WARSAW, MISSOURI |
| 13a. FATHER'S NAME W. R. VANCE | | 13b. MOTHER'S MAIDEN NAME CATHERINE WISDOM | 14. NAME OF HUSBAND OR WIFE HATTIE |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. NOT GIVEN | 17. INFORMANT Address STATE HOSPITAL #1, FULTON, MISSOURI |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE with MYOCARDIAL INFARCTION DUE TO (b) GENERALIZED PERITONITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) CARCINOMA CANCER OF RECTUM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154X | | | 19. WAS AUTOPSY PERFORMED? 2 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <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 WARSAW | | COUNTY MISSOURI STATE MISSOURI | |
| 21. <input checked="" type="checkbox"/> STATE HOSPITAL #1 8-19-54 to 5-22-57 and later at XXXXXXXXXXXXXXXXXXXX Death occurred at 6:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C. Harold Dixon M.D. | | 22b. ADDRESS State Hospital #1 | |
| 22c. DATE SIGNED 5/22/57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May 24, 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery | | 23d. LOCATION (City, town, or county) (State) Warsaw, Missouri | |
| 24. FUNERAL DIRECTOR D. W. Heckart, Sedalia, Missouri | | 25. DATE RECD. BY LOCAL REG. May 22 - 1957 | |
| | | 26. REGISTRAR'S SIGNATURE Maretha Lawrence | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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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 *Russell C. Mang*

Licensed Embalmer No. *4884*

P. O. Address *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.