

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 3018

State File No. 20565

BIRTH NO.		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. S-390		Registrar's No. 5-8	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Salem)		c. LENGTH OF STAY (in this place) 4 1/2 mo.		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION:				e. STREET ADDRESS (If rural, give location) 653 Springcreek Twsp-Route 3			
3. NAME OF DECEASED (Type or Print) a. (First) VERNETTA b. (Middle) VANDALIA c. (Last) DERR			4. DATE OF DEATH (Month) (Day) (Year) June 15 1957				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 15 1868	
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Warden		13b. MOTHER'S MAIDEN NAME Elizabeth Warden		14. NAME OF HUSBAND OR WIFE Richard E. Derr	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Goldie Pace, 306 W 6th, Rolla, Mo.			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERITONITIS  ANTECEDENT CAUSES DUE TO (b) CARCINOMA of colon DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SEVERE GENERALIZED ARTERIOSCLEROSIS				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153x				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 57, to June 57, that I last saw the deceased alive on June 15, 1957, and that death occurred at 8:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE B. J. BASS (Degree or title) MD				23b. ADDRESS Salem, Mo		23c. DATE SIGNED 6/18/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 18, 1957		24c. NAME OF CEMETERY OR CREMATORY Warden Cemetery		24d. LOCATION (City, town, or county) (State) Dent Co., Missouri	
DATE REC'D BY LOCAL REG. 6-19-57		REGISTRAR'S SIGNATURE M. W. Hart MD/PLM		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max E. Warfel Salem, Mo			

(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 Max L Waibel

Licensed Embalmer No. 417

P. O. Address Salem, N.J.

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.