

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36399
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CARTERVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN		Length of stay in lb 1 DAY	d. STREET ADDRESS 428 N. WASHINGTON		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NANCY Middle ELIZABETH Last VANDERGRIFT			4. DATE OF DEATH Month OCTOBER Day 22 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 6, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CHESAPEKE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM WALKER			14. MOTHER'S MAIDEN NAME NO DATA		
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. NO		17. INFORMANT Address MRS JUNE MILLER Cartersville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Mylogenous Leukemia					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					2041
DUE TO (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) Intermittent hypertension, cerebral hemorrhage 1 year ago					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.)			
20c. TIME OF INJURY Hour a. m. p. m.					
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 1950 to 10-22-57 and last saw her/him alive on 10-22-57 Death occurred at 11:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. M. Ponce</i> (Degree or title) D.O.			22b. ADDRESS Cartersville, Missouri		22c. DATE SIGNED 10-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-25-1957	23c. NAME OF CEMETERY OR CREMATORY CARTERVILLE		23d. LOCATION (City, town, or county) (State) CARTERVILLE, MISSOURI
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME-WEBB CITY, MO.		25. DATE RECD. BY LOCAL REG. 10-24-57		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	

County File Number 57-10-1990
Date Filed Oct 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

X I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Richard Gray Law*

Licensed Embalmer No. 440

P. O. Address *Well Ct*

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