

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 23 1957

State File No. 44119

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1185</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence type) a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Marwood</u>		d. Is Residence (within limits of a city or incorporated town?) Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>1140</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) _____ c. (Last) <u>VANNOY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 12 1957</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 27, 1889</u>			
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Druggist</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DOUGLAS CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Henry Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Petigo</u>		14. NAME OF HUSBAND OR WIFE <u>J.T. Vannoy</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Hamrick Spg. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Coronary Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input 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) (Min.)			
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 <u>Sept 23, 1957</u> , to <u>Dec 12, 1957</u> , that I last saw the deceased alive on <u>Dec 12, 1957</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. Callaway, Jr. MD</u>				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>Dec 17, 57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-12-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas</u>		24d. LOCATION (City, town, or county) (State) <u>Marwood, MO.</u>			
DATE REC'D BY LOCAL REG. <u>12-20-57</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson K.V.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Grable-Widke Mtz Grave</u>					

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

JAN 3 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 *Frank Gable*

Licensed Embalmer No. *4140*

P. O. Address *Santa Fe, N.M.*

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.