

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45069**

BIRTH NO. _____		REG. DIST. NO. <b>207</b>		PRIMARY REG. DIST. NO. <b>5755</b>		Registrar's No. <b>41</b>	
1. PLACE OF DEATH a. COUNTY <b>Maries</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jackson Twp.</b>				c. LENGTH OF STAY (in this place) <b>081 20</b>		c. CITY OR TOWN <b>Rolla</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 63.</b>				STREET ADDRESS (If rural, give location) <b>811 West 13th. st.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JESSE</b>		b. (Middle) <b>(X)</b>		c. (Last) <b>VANCE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 18, 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8-10-1906</b>	
9. AGE (in years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Garage Owner</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lebanon, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John T. Vance</b>		13b. MOTHER'S MAIDEN NAME <b>Lutitia Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Glennis Vance</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Glennis Vance Rolla, Mo.</b>			
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) <b>Severe Basilar Skull Fracture</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>with rupture of Meninges</b>  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? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 63</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Jackson Twp.</b> (COUNTY) <b>Maries</b> (STATE) <b>Mo.</b>			
21d. TIME OF INJURY <b>Dec. 18, 1957 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.						23b. ADDRESS (Degree or title) <b>Coroner</b> <b>Vienna, Mo.</b>	
23a. SIGNATURE <i>[Signature]</i>		23c. DATE SIGNED <b>12/24/57.</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-20-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rolla, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-25-57</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> <b>1100 Elm, Rolla, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 8 1958  
VS AUG 31 1962

JAN 9 1958

VS MAY 12 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 ..... me., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Carl J. Glenn*

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.