

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1957

45422

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Henrietta		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 503 North Main		Length of stay in lb 2 months	d. STREET ADDRESS (If outside, give location) Street not listed		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ada Middle Sherman Last Vandiver			4. DATE OF DEATH Month December Day 23 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 June 27, 1880	9. AGE (In years by birthday) 77	IF UNDER 1 YEAR Months 5 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (City and state or country) Petersburg, Virginia	
10c. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Henry Sherman		13b. MOTHER'S MAIDEN NAME Kate Bumphrey	
13c. NAME OF HUSBAND OR WIFE Eslie Vandiver		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 Richmond		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterial Sclerosis DUE TO (c) Chronic Coronary PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4621		INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 3 yrs. 3 days	
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.) None	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p.m. _____		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.) None	
20f. CITY, TOWN, OR LOCATION Richmond, Mo.		20g. COUNTY Ray		20h. STATE Missouri	
21. I attended the deceased from Death occurred at 3:05 on 12/31/57 , to 12/23/57 and last saw her alive on 12/23/57 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dr. E. J. Ruman M.D. (Degree or title)		22b. ADDRESS Richmond, Mo.	
22c. DATE SIGNED 12/26/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 24, 1957	
23c. NAME OF CEMETERY OR CREMATORY Wakenda Cemetery		23d. LOCATION (City, town, or county) Ray County, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Quest-Life Funeral Home Richmond, Missouri		25. DATE RECD. BY LOCAL REG. 12-27-57		26. REGISTRAR'S SIGNATURE Malcol Jackson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

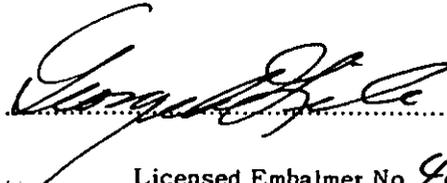
MEDICAL CERTIFICATION

Received Dec 27-57

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 

Licensed Embalmer No. 4069

P. O. Address 

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.