

- FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1035  
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 28

300  
1-57

4

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethany</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lacy Rest Home</u>		Length of stay in lb <u>3 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1215 Miller St</u>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Marion</u> Last <u>Vance</u>		4. DATE OF DEATH Month <u>1</u> Day <u>2</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-12-1870</u>
9. AGE (In years past birthday) <u>87</u>		FUNDER 1 YEAR Months <u>6</u> Days <u>20</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Harrison County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Henry Vance</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baxter</u>		14. NAME OF HUSBAND OR WIFE <u>Callie Vance Dec</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Betty David</u> Address <u>Bethany Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho-<del>PHANONIA</del> Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>General Debility</u>			2 yrs.
DUE TO (c) <u>Advanced Senility</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>491X</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT 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 <u>12-15-57</u> to <u>1-2-58</u> and last saw <del>her</del> <sup>him</sup> alive on <u>1-2-58</u> Death occurred at <u>1:45 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>G. M. Hoover</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Bethany, Mo.</u>	22c. DATE SIGNED <u>1-4-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-5-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mathews Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>New Hampton Mo</u>
24. FUNERAL DIRECTOR <u>Mr. Nash</u> ADDRESS <u>Bethany Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-4-58</u>	26. REGISTRAR'S SIGNATURE <u>Jella Masey</u>

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 *MS Hayes* .....

Licensed Embalmer No. 3899  
P. O. Address Bilhamy, 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.