

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2084

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 6

Health, Welfare and Public Service

300-1-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be stated. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Paris</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Leonard</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant View Rest</u>		Length of stay in lb <u>4 mo</u>	d. STREET ADDRESS (If outside, give location) <u>-----</u>
3. NAME OF DECEASED (Type or print) First <u>Benjamin L.</u> Middle <u>Vandiver</u> Last <u>Vandiver</u>			4. DATE OF DEATH Month <u>1</u> Day <u>16</u> Year <u>58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 30, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (retired)</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Shelby Co. Mo.</u>
13. FATHER'S NAME <u>William Vandiver</u>		14. MOTHER'S MAIDEN NAME <u>Virginia Ann Triplett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT <u>Weldon Vandiver - Leonard, Mo</u>
18. CAUSE OF DEATH [Enter only one cause pertaining to (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ischemic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>331X</u>			
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 <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 <u>Paris, Mo.</u>	
21. I attended the deceased from <u>Jan 15 - 58</u> to <u>Jan 16 - 58</u> and last saw <u>him</u> alive on <u>Jan 16 - 58</u> Death occurred at <u>Paris, Mo.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>1-17-58</u>	
22a. SIGNATURE (Degree or title) <u>W. D. Barnett M.D.</u>		22b. ADDRESS <u>Paris, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-19-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leonard Christian Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Leonard, Mo</u>
24. FUNERAL DIRECTOR <u>Barkelaw &amp; Davis - Shelbina, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-31-58</u>	26. REGISTRAR'S SIGNATURE <u>W. D. Barnett M.D.</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 John A. Byrd, Student Embalmer No. 52  
working under my personal supervision..

Student John A. Byrd  
Signature of Student Embalmer

Signed Henry A. Barkesee  
Licensed Embalmer No. 383

P. O. Address Helena

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