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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031573
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 373 Primary Registration District No. 6270 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Webster
b. CITY OR TOWN Union Townshp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Niangua Length of stay in Ib Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Webster
c. CITY OR TOWN Niangua 112c Inside Limits Yes ☒ No ☐
d. STREET ADDRESS ----- (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Samuel Middle Carson Last Vance
4. DATE OF DEATH Month Aug. Day 24, Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Mar. 23, 1882
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Webster County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Isaac Avery Vance
13b. MOTHER'S MAIDEN NAME Frances Wilhite
14. NAME OF HUSBAND OR WIFE Channie Vance (Dec.)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Howard Vance--Niangua, Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriasclerosis, General & Coronary
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 August 2, 1956, to August 22, 1958 and last saw him alive on August 22, 1958
Death occurred at 7:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. P. MacDonnell, M.D. (Degree or title)
22b. ADDRESS Marshfield, Mo.
22c. DATE SIGNED 8/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-25-1958
23c. NAME OF CEMETERY OR CREMATORY Good Spring Cemetery
23d. LOCATION (City, town, or county) Webster County, Missouri (State)

24. FUNERAL DIRECTOR Rex Rainey--Springfield, Missouri. ADDRESS
25. DATE RECD. BY LOCAL REG. 8/26-1958
26. REGISTRAR'S SIGNATURE J. T. Francis

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 [illegible]

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.