

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036115
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 969

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Johns</u>		Length of stay in lb <u>9 Days</u>	d. STREET ADDRESS (If outside, give location) <u>0396 710 E. Harrison</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>E LMER M. VANGILDER</u>			4. DATE OF DEATH Month Day Year <u>OCTOBER 10 - 9 - 1958</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / <u>DIVORCED</u>	8. BIRTH DATE <u>JUNE 29 - 1890</u>	9. AGE (In years last birthday) <u>68</u>	10. FUNDER YEAR Months Days <u>3 10</u>	11. IF UNDER 24 HRS. Hours Min. <u>0 0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Dallas Co. Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Marion Vangilder</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Parr</u>	14. NAME OF HUSBAND OR WIFE <u>Ade Vangilder</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>5410</u>	17. INFORMANT <u>Ade Vangilder</u>	Address <u>Springfield, Mo.</u>
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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>Massive Gastro-Intestinal Hemorrhage due to Duodenal Ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive C.V. Disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5410</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.) <u>none</u>
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20c. TIME OF INJURY Hour Month, Day, Year <u>none</u>	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	COUNTY	STATE
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21. I attended the deceased from <u>April 1956</u> to <u>October 9, 1958</u> and last saw him alive on <u>10-9-58</u> Death occurred at <u>8:35 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>W D Parr, M.D.</u>	(Degree or title)	22b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>	22c. DATE SIGNED <u>10/10/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-12-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Church Street</u>	23d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>L. B. Jones</u>	ADDRESS <u>Buffalo Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-13-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Mellor</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

