

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018679

STATE FILE NUMBER

FILED JUN 3 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 89

300
1-57

1. PLACE OF DEATH a. COUNTY Pholps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Eminence	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pholps Co. Memorial		d. STREET (If outside, give location) ADDRESS Round Springs Rout	
Length of stay in 1b 2 Weeks		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Elmer Alfred Middle # E Last VANCE			4. DATE OF DEATH Month May Day 25 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/15/1895	9. AGE (In years last birthday) 63	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) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or county) Shannon County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jim Vance		13b. MOTHER'S MAIDEN NAME Mary Carroll		14. NAME OF HUSBAND OR WIFE Unknown Effie Vance	
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 188-18-2065	17. INFORMANT Effie Vance Address Louise Welch Eminence, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 14 days
DUE TO (b) Arteriosclerosis		unknown
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arterio sclerosis Heart Disease 331x		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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE

21. I attended the deceased from 5-11-59 to 5-25-59 and last saw him alive on 5-25-59 Death occurred at 4:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS Mo
22c. DATE SIGNED 5/25/59	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/25/1959	23c. NAME OF CEMETERY OR CREMATORY Flat Woods Eminence Cemetery	23d. LOCATION (City, town, or county) (State) Eminence, Mo.
24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Eminence, Mo.		25. DATE RECD. BY LOCAL REG. May 25, 1959	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corr. by Funeral Director 5/25/59

6961 6 NOV

Date Filed *2*

OCT 17 1961

DEC 22 1961

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 *Carl J. Glenn*

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.