

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023860

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MERCER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MILAN</u>		c. CITY OR TOWN <u>SPICKARD</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>MEMORIAL HOSPITAL</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>MEDICINE TOWNSHIP</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ISAAC</u> Middle <u>NIMROD</u> Last <u>VANDEVENDER</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>27</u> Year <u>1959</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>JAN-2-1883</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>76</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>GRUNDY CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>WILLIAM W VANDEVENDER</u>			14. MOTHER'S MAIDEN NAME <u>JUDY ANN STOTTLEMYRE</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>488-40-8811</u>	17. INFORMANT Address <u>HILDRED CLARK TRENTON MO. RFD 1</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>chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>240</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>urinary retention</u>	DUE TO (c)	<u>30da</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4222</u>			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 <u>8:30 P.</u> Month <u>5</u> Day <u>15</u> Year <u>1959</u>					
20d. INJURY OCCURRED WHILE AT WORK <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>Spickard</u>	COUNTY <u>MERCER</u>	STATE <u>MO</u>	
21. I attended the deceased from <u>5/15/59</u> to <u>6/27/59</u> and last saw ^{her} him alive on <u>6/27/59</u> . Death occurred at <u>8:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W. W. Beckett</u> (Degree or title) <u>D.O.</u>			22b. ADDRESS <u>Spickard Mo</u>	22c. DATE SIGNED <u>6/27/59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JUNE-30-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NORTHEVANS CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO</u>		
24. FUNERAL DIRECTOR <u>SCHOOLER FUNERAL HOME</u>		ADDRESS <u>SPICKARD MO.</u>	25. DATE RECD. BY LOCAL REG. <u>7-1-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ross Wise*

Licensed Embalmer No. *37*

P. O. Address. *Spicka*

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.