

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009703

FILED VS MAR 1 0 1960

STATE FILE NUMBER

Registration District No. 372 Primary Registration District No. 6263 Registrar's No. 2

ENDED

1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Finley Township</u>		Length of stay in 1b <u>—</u>		c. CITY OR TOWN <u>MANSfield</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 Mi S. of Seymour Mo.</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt 3</u>		
3. NAME OF DECEASED (Type or print) First <u>Jerry</u> Middle <u>DEAN</u> Last <u>VANNESS</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>28</u> Year <u>1960</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 26 1942</u>	9. AGE (last birthday) <u>17</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>		11. BIRTHPLACE (City and state or country) <u>MANSfield MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joe S. VANNESS</u>			13b. MOTHER'S MAIDEN NAME <u>VERNA BRAZEALE</u>			14. NAME OF HUSBAND OR WIFE <u>—</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>489-46-7236</u>		17. INFORMANT <u>Joe S. VANNESS</u>		Address <u>MANSfield Mo.</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>Carbon Monoxide Poison</u>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____	
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Sleeping in Car With Motor running.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Injured by Exhaust Fumes from Car</u>					
20c. TIME OF INJURY <u>6:00 a.m.</u>	Month, Day, Year <u>2-28-1960</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Country Road St. Hwy. K.</u>		20f. CITY, TOWN, OR LOCATION <u>Finley Twp Webster Co</u>		COUNTY <u>MO</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		Death occurred at <u>about 6:00</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Oral Edward Carone</u>			22b. ADDRESS <u>Marshfield Mo</u>			22c. DATE SIGNED <u>3/1/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAR. 2, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newton</u>		23d. LOCATION (City, town, or county) <u>WRIGHT County MO.</u>		
24. FUNERAL DIRECTOR <u>Max L Miller</u>			ADDRESS <u>Mansfield Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-4-1960</u>		26. REGISTRAR'S SIGNATURE <u>Gilbert Jones.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max E. Miller

Licensed Embalmer No. 4720

P. O. Address Manfield

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