

THE DIVISION OF HEALTH OF MISSOURI				STANDARD CERTIFICATE OF DEATH				STATE FILE NUMBER			
71				3012				115			
Registration District No.				Primary Registration District No.				Registrar's No.			
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay							
b. CITY OR TOWN Excelsior Springs, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Excelsior Spgs. Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF HOSPITAL OR INSTITUTION Haven		Length of stay in lb 3 Wks.		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Robert Middle Elmer Last Vance				4. DATE OF DEATH Month Nov. Day 21 Year 1960							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-2-1891		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Orrick, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME John F. Vance		13b. MOTHER'S MAIDEN NAME Laura Bell		14. NAME OF HUSBAND OR WIFE Bessie McAfee Vance							
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. 525-14-6802		17. INFORMANT Wife		Address Excelsior Springs, 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) Uremia								INTERVAL BETWEEN ONSET AND DEATH 1 week			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Metastatic Carcinoma		DUE TO (c) adenocarcinoma of sigmoid				Unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1533								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 4:30 Month, Day, Year a.m. p.m.											
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		COUNTY		STATE			
21. I attended the deceased from Nov 2, 1960 to Nov 21, 1960 and last saw him alive on Nov 21, 1960 Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Ralph L. Nicholson M.D. (Degree or title)				22b. ADDRESS Excelsior Springs, Mo.				22c. DATE SIGNED 11/22/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 23, 1960		23c. NAME OF CEMETERY OR CREMATORY O'Dell Cemetery		23d. LOCATION (City, town, or county) Orrick, Missouri		(State)			
24. FUNERAL DIRECTOR Wilbur McAfee		ADDRESS Orrick, Missouri		25. DATE RECD. BY LOCAL REG. 11/24/60		26. REGISTRAR'S SIGNATURE Caroline Hutchings					

MAY 18 1961

MAR 28 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 *Charles F. Tyler*

Licensed Embalmer No. *4534*

P. O. Address *Liberty, 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.