

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040366

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 470

FILED DEC 12 1961

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cape Osteopathic		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Idan-Ha Hotel
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Robert Middle James Last Vangilder			4. DATE OF DEATH Month DEC Day 1 Year 1961		
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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 3-24-1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 8 Days 7 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber - Pipe Fitter	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Cape Girardeau Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Robert Eli Vangilder	13b. MOTHER'S MAIDEN NAME Ida Marion	14. NAME OF HUSBAND OR WIFE None
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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) Yes W.W.I.	17. INFORMANT Address R.E Vangilder, St. Charles Mo.
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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) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
DUE TO (b) arteriosclerosis		
DUE TO (c) _____		8 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **Dec 13, 1960** to **Dec 1, 1961** and last saw him alive on **Dec 12, 1961**
Death occurred at **11** P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George W. Ringland D.O.	22b. ADDRESS 46 N Main Cape Girardeau Mo.	22c. DATE SIGNED 12/4/61
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23a. BURIAL, CREMATION, REMOVAL (specify) Burial	23b. DATE 12-4-1961	23c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery	23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
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24. FUNERAL DIRECTOR ADDRESS Brinkopf Howell Cape Gir Mo.	25. DATE RECD. BY LOCAL REG. 12-7-61	26. REGISTRAR'S SIGNATURE Loren Kasten
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AMENDED
 DATE AMENDED
 3/21/62
 INSTEAD OF
 Divorced
 DOCUMENT
 MEDICAL CERTIFICATION
 Married
 BY AFFIDAVIT OF Funeral Director
 SHOULD READ
 ITEM NO. 7

Permit

DEC 13 1961

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

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 *W. H. Grosshender*

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.