

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019803

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 273

Primary Registration District No.

Registrar's No. 81

VS 300
Rev. 4/5910740
281202

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brazeau TWP		Length of stay in lb Transient	c. CITY OR TOWN Cottage Hills Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) 148 Maple Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Roger Middle Craig Last Vandergriff		4. DATE OF DEATH Month June Day 2 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-15-36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed		10b. KIND OF BUSINESS OR INDUSTRY Serv. Sta. Operator	9. AGE (last birthday) 25 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Greenfield, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Kenneth Vandergriff		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Janet Renken Vandergriff		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Janet Vandergriff Cottage Hill, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE FRACTURES Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BODY MUTILATION Coroner of Perry County, Mo. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Falling Plane Crash	
20c. TIME OF INJURY Hour 11:35 p.m. Month, Day, Year 6-2-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BRAZEAU TWP	
20e. CITY, TOWN, OR LOCATION PERRY COUNTY (BRAZEAU TWP) MO.		20f. COUNTY PERRY COUNTY (BRAZEAU TWP) MO.	
20g. STATE MO.		21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 11:35 P. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Emmuelman (Degree or title) Coroner of Perry County, Mo.		22b. ADDRESS Perryville	
22c. DATE SIGNED 6-3-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6-3-1962		23c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery	
23d. LOCATION (City, town, or county) Madison County, Ill.		23e. DATE RECD. BY LOCAL REG. 6-3-62	
23f. REGISTRAR'S SIGNATURE Joe J. Zollner		23g. ADDRESS Perryville Mo	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 14 1962

JUN 19 1962

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

Wallace Young

Licensed Embalmer No. 4027

P. O. Address

Perryville MO

Not Embalmed.

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.