

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025764

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 4521 Registrar's No. 55

FILED JUL 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1070

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Texas		a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston		c. CITY OR TOWN Piney TWP.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Sterner Rest Home		d. STREET ADDRESS (if outside, give location)	
3. NAME OF DECEASED (Type or print) First JAMES Middle THOMAS Last VANDEVENTER		4. DATE OF DEATH Month June Day 28 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/21/87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (City and state or country) Lacerne, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jacob Vandeventer		13b. MOTHER'S MAIDEN NAME Rebecca Ann Lucas	14. NAME OF HUSBAND OR WIFE Fannie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Glen Vandeventer, Willow Springs, Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebrovascular Accident			48 hours
DUE TO (b) Cerebral and Generalized Arteriosclerosis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Renal Disease; Diabetes Mellitus			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 type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year 	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 March 1962 , to June 26, 1962 and last saw ^{her} him alive on June 26, 1962			
Death occurred at 8:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joe A. Hall MD (Degree or title)		22b. ADDRESS Houston, Missouri	22c. DATE SIGNED 7-3-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/1/62	23c. NAME OF CEMETERY OR CREMATORY Clear Springs Cem.	23d. LOCATION (City, town, or county) (State) Texas County, Mo.
24. FUNERAL DIRECTOR Elliott-Duff, Houston, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 7-5-62	26. REGISTRAR'S SIGNATURE Myrtia Craig

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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Houston, 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.