

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026287

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 40

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH JUL 16 1962
 a. COUNTY **Camden**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Auglaize Twsp** Length of stay in 1b **---**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Junct Hwy 7 & H** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **-----** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Pulaski**
 c. CITY OR TOWN **Richland** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **-----** Reside on Farm Yes No

3. NAME OF DECEASED First **Robert** Middle **Lee** Last **Vandergriff**
 4. DATE OF DEATH Month **July** Day **64** Year **1962**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. Married** **Never Married** **Widowed** **Divorced**
8. DATE OF BIRTH **7/14/1945** **9. AGE (last birthday)** **16** **IF UNDER 1 YEAR** Months **0** Days **0** **IF UNDER 24 HR** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Labor** **10b. KIND OF BUSINESS OR INDUSTRY** **Domestic** **11. BIRTHPLACE** (City and state or country) **Ft Wood Missouri** **12. CITIZEN OF WHAT COUNTRY** **USA**

13a. FATHER'S NAME **Oliver Wyatt Vandergriff** **13b. MOTHER'S MAIDEN NAME** **Mary Ella Perkins** **14. NAME OF HUSBAND OR WIFE** **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** **16. SOCIAL SECURITY NO.** **-----** **17. INFORMANT** **Oliver Wyatt Vandergriff** Address **Richland 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) **Crushed chest**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Car accident**
 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

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.) **Victim in car accident**

20c. TIME OF INJURY Hour **5:30P** Month, Day, Year **7 6 62**

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK** **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **Jct 7 & H** **20f. CITY, TOWN, OR LOCATION** **Jct Hwy 7 & H** COUNTY **Camden** STATE **Missouri**

21. I attended the deceased from **6:00** to **P** and last saw her/him alive on **-----** on **-----**
 Death occurred at **6:00 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **DO** (Degree or title) **Richland, Missouri** **22b. ADDRESS** **Richland, Missouri** **22c. DATE SIGNED** **7/7/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **23b. DATE** **7/11/62** **23c. NAME OF CEMETERY OR CREMATORY** **Oaklawn Cemetery** **23d. LOCATION** (City, town, or county) (State) **Richland, Missouri**

24. FUNERAL DIRECTOR **Moss-Williams** ADDRESS **Richland, Missouri** **25. DATE RECD. BY LOCAL REG.** **July 11-1962** **26. REGISTRAR'S SIGNATURE** **Zilpha J. Drow**

VS 300 Rev. 4/59
 1 0150
 2 0850
 3 2
 4 0
 5 0
 6 0
 7 0
 8 2
 9 X
 10 0
 11 015
 12 91-2
 13 2-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Clarence Fisher

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.