

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010050

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 52

FILED FEB 25 1963

VS 300
Rev. 4/59

DATE AMENDED

1 1007

2 1007

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4 0

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12 90-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FIDELITY

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 105 Grove St.		Length of stay in 1b 50 yrs	c. CITY OR TOWN Sikeston, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 105 Grove St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lester Middle (Buddy) Last Vanover			4. DATE OF DEATH Month Feb , Day 17 , Year 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-1912
9. AGE (last birthday) 50		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed		10b. KIND OF BUSINESS OR INDUSTRY Sanitary Disposal, Tanner, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Vanover		13b. MOTHER'S MAIDEN NAME Ethel ??????	
14. NAME OF HUSBAND OR WIFE Virginia Vanover		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. 31		17. INFORMANT Address Virginia Vanover, Sikeston, Mo.	
18. CAUSE OF DEATH (Enter only one cause of death) PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic Carcinoma of Prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH About 2 years
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 _____ 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 <u>June 1962</u> to <u>2/17/63</u> and last saw ^{her} him alive on <u>2/15/63</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E.D. Urban</i> (Degree or title) M.D.		22b. ADDRESS Sikeston	22c. DATE SIGNED 2/22/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb, 19, 63	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories	23d. LOCATION (City, town, or county) Sikeston, Mo. (State)
24. FUNERAL DIRECTOR ADDRESS Ellise, Inc. Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. Feb 23-1963	26. REGISTRAR'S SIGNATURE <i>Janette Waldman B.S.</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

FEB 27 1963

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 Alan Elias

Licensed Embalmer No. 5143

P. O. Address Highland Ave

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.