

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016565

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 164 Primary Registration District No. 5601 Registrar's No. 72

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	DATE AMENDED
1 0510	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
2 8110	
3	
4 1	
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7 0	
8 2	
9 4201	
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12 91-0	
13 1-0	
ITEM NO.	SHOULD READ
	BY AFFIDAVIT OF

**FILED APR 29 1963**

1. PLACE OF DEATH  
 a. COUNTY JOHNSON  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARRENSBURG TWP. Length of stay in 1b 1 YEAR  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi SW OF WARRENSBURG Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE IDAHO b. COUNTY TWIN FALLS  
 c. CITY OR TOWN Buhl Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) UNKNOWN Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
ANNA MARIE VANDALL APRIL 17 1963

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH July 17, 1897 9. AGE (last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE & LAUNDRY 10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY 11. BIRTHPLACE (City and state or country) CONCORDIA, MO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME CHRISTIAN PAUL 13b. MOTHER'S MAIDEN NAME MINNIE BIERMAN 14. NAME OF HUSBAND OR WIFE LESTER VANDALL Address

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. H.W. PAUL 17. INFORMANT CONCORDIA, 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) Acute Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 107 min.  
 DUE TO (b) Renal arteriosclerosis 57 years  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Chronic Depressive psychosis 10 years  
 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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-3-63 to 4-17-63 and last saw her alive on 4-16-63. Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Warrensburg, Mo 22c. DATE SIGNED 4-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-20-1963 23c. NAME OF CEMETERY OR CREMATORY BETHEL 23d. LOCATION (City, town, or county) (State) CONCORDIA MO

24. FUNERAL DIRECTOR E. L. James ADDRESS Concordia, Mo 25. DATE RECD. BY LOCAL REG. April 23, 1963 26. REGISTRAR'S SIGNATURE Savannah Cutchfield

USE BLACK INK OR TYPEWRITER RIBBON

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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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.