

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 77

63-042836
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0090

2 0091

3

4 0

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6

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9 491x

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 2 1963

1. PLACE OF DEATH

a. COUNTY

Bollinger

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Leopold

Length of stay in 1b

Lifetime

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Home

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Bollinger

c. CITY
OR
TOWN

Leopold

d. STREET
ADDRESS

(If outside, give location)

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

Jacob

First

G.

Middle

Vandeven

Last

4. DATE
OF
DEATH

Month Day Year

Nov. 10, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 2, 1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

5 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Leopold, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Vandeven

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Mrs. Rosina Vandeven

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

Mrs. Rosina Vandeven, Leopold, 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)

Bronchial pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

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)

Post Cerebral vascular accident

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 7-1-63 to 11-10-63 and last saw her alive on 11-10-63
Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John N. H. H. Co.

(Degree or title)

22b. ADDRESS

Lutesville Mo.

22c. DATE SIGNED

11-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 13, 1963

23c. NAME OF CEMETERY OR CREMATORY

St. John Cemetery

23d. LOCATION (City, town, or county)

Leopold, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Baker Funeral Home, Lutesville, Mo.

25. DATE RECD. BY LOCAL REG.

11/28/63

26. REGISTRAR'S SIGNATURE

Mrs. Buford Crader

USE BLACK INK

OR

TYPEWRITER RIBBON

DEC 4 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 Edw A Graham

Licensed Embalmer No. 5195

P. O. Address Luttsville MD

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.