

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049113

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 175

STATE FILE NUMBER

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond sup</u> Length of stay in 1b <u>50 years</u> c. FULL NAME OF (If NOT in hospital, give location) <u>6 miles South of Richmond</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY OR TOWN <u>Henrietta</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3 miles S.W. of Henrietta</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>HUGH</u> Last <u>VANCE</u>			4. DATE OF DEATH Month <u>December</u> Day <u>14</u> Year <u>1963</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married: <input type="checkbox"/> Never Married <input type="checkbox"/> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 11 1889</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & livestock man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Animal Farming</u>		11. BIRTHPLACE (City and state or country) <u>Orick Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William P. Vance</u>		13b. MOTHER'S MAIDEN NAME <u>Susannah Chawner</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle "Bellie" Vance</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Myrtle Vance, Henrietta, Missouri</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Ca of abdomen</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH
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		PART III. If deceased was female was there a pregnancy in last 90 days.

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 <u> </u> s.m. <u> </u> p.m. <u> </u>		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>1963 Dec 3</u> to <u>Dec 14</u> and last saw her/him alive on <u>Dec 12 '63</u> Death occurred at <u>6:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. K. Davault</u>		22b. ADDRESS <u>Richmond</u>	22c. DATE SIGNED <u>12-16-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>December 16, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Richmond Memory Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>
24. FUNERAL DIRECTOR <u>Carter Funeral Home Richmond, Missouri</u> ADDRESS <u> </u>		25. DATE RECD. BY LOCAL REG. <u>12-19-1963</u>	26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
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 2 0890
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1964

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.