

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15657

State File No. ....

FILED JUN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5506 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Lewis Station</u>	c. LENGTH OF STAY (in this place) <u>39 yrs</u>	c. CITY OR TOWN <u>Lewis Station</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lewis Station (Vinton Ave)</u>		e. STREET ADDRESS (If rural, give location) <u>Clinton Mo Rt 6</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u> b. (Middle) <u>ALICE</u> c. (Last) <u>VANDIVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 18 1881</u>	9. AGE (in years) (last birthday) <u>72</u> 8 15	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Climax Springs Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Matthew Green</u>	13b. MOTHER'S MAIDEN NAME <u>Cordelia Meulder</u>	14. NAME OF HUSBAND OR WIFE, <u>James E. Dawson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Gladys Young Clinton Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CIRCULATORY FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY OCCLUSION</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u> <u>5 MIN.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 15, 1953, to June 3, 1954, that I last saw the deceased alive on June 3, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Harbaugh D.O.</u>	23b. ADDRESS <u>105 E. Ohio</u>	23c. DATE SIGNED <u>June 4</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/6/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 5 1954</u>	REGISTRAR'S SIGNATURE <u>L. Florence Adair</u>	422	25. FUNERAL HOME OR PLACE OF BURIAL <u>FRED WILKINSON FUNERAL HOME Clinton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4201

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

Student.....  
Signature of Student Embalmer

Signed *F. Lee Schaberg*.....

Licensed Embalmer No. *45*.....

P. O. Address *Clinton*.....

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.