

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18433**

300
48

FILED JUN 20 1955

REG. DIST. NO. **139**

PRIMARY REG. DIST. NO. **3023**

Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY HENRY	
b. CITY (If outside corporate limits, give RURAL and give town) CLINTON		c. CITY OR TOWN BLAIRSTOWN	
c. LENGTH OF STAY in this place 3 DAYS		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 CLINTON GENERAL HOSP		e. STREET ADDRESS (If rural, give location) 0420	
3. NAME OF DECEASED a. (First) MAUDE b. (Middle) C. c. (Last) VANGORDEN		4. DATE OF DEATH (Month) (Day) (Year) JUNE 14, 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 9 1889
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (City and State or Foreign Country) GRANT CITY, MO
10b. KIND OF BUSINESS OR INDUSTRY -		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN R. BOWEN		13b. MOTHER'S MAIDEN NAME FLORENCE SILVERS	
13c. NAME OF HUSBAND OR WIFE WALTER VANGORDEN		14. NAME OF HUSBAND OR WIFE WALTER VANGORDEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Walter Vandorden, Blairstown, Mo.		ADDRESS Blairstown, Mo.	
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) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 5 MIN	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDITIS		2 YR.	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION f201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1952 , to 14 June, 1955 , that I last saw the deceased alive on 14 June, 1955 , and that death occurred at 1 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hugh B. Walker, MD		23b. ADDRESS Clinton, Mo.	
23c. DATE SIGNED 15 June 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 16 55	
24c. NAME OF CEMETERY OR CREMATORY Blairstown Cem		24d. LOCATION (City, town, or county) (State) Blairstown, Mo	
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE June 16-55 Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. A. Vassant, Clinton, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 24 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~....., ~~Student Embalmer No.~~.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. J. Vassant*.....

Licensed Embalmer No. *372*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.