

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8894

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3922 Registrar's No. 1236

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY OR TOWN LaDue	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 Days		e. STREET ADDRESS (If rural, give location) LaDue, Mo. Davis Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Abner	c. (Last) Vansant	4. DATE OF DEATH (Month) (Day) (Year) March 20, 1956
---	-------------------	-------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 11, 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Days 7	IF UNDER 24 HRS. Hours Min.
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 Foreign Country) Henry County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Samuel A. Vansant	13b. MOTHER'S MAIDEN NAME Elizabeth Voyles	14. NAME OF HUSBAND OR WIFE none
--------------------------------------	--	----------------------------------

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'S SIGNATURE OR NAME Mrs. W. A. Fellhauer	ADDRESS 45 E. Elm St. Clinton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 NO	19b. MAJOR FINDINGS OF OPERATION 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------	---------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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) m.	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 17 MAR, 1956, to 20 MAR, 1956, that I last saw the deceased alive on 20 MAR., 1956, and that death occurred at 9:45A m., from the causes and on the date stated above.

23a. SIGNATURE Hugh B. Walker, MD	(Degree or title)	23b. ADDRESS Clinton, Mo	23c. DATE SIGNED 22 Mar. 1956
-----------------------------------	-------------------	--------------------------	-------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 22, 1956	24c. NAME OF CEMETERY OR CREMATORY LaDue Cemetery	24d. LOCATION (City, town, or county) (State) LaDue Missouri
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. 3-22-56	REGISTRAR'S SIGNATURE Meldred Bigum	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Vansant, Clinton, Mo.
----------------------------------	-------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

521

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..... *T. A. Vansant*

Licensed Embalmer No. *377*

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.