

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025265
STATE FILE NUMBER

FILED JUL 28 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 844

300
1-57
0422
0

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 TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton 0422
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital 4 Days		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 311 West Green St.
3. NAME OF DECEASED (Type or print) First Thomas Middle David Last Vansant		4. DATE OF DEATH Month July Day 25 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 10, 1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	IF UNDER 1 YEAR Months 9 Days 15
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10d. KIND OF BUSINESS OR INDUSTRY	IF UNDER 24 HRS. Hours 0 Min.
11. BIRTHPLACE (City and state or country) Henry Co. 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 Deceased
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 Family record
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 6 YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Clinton Mo		COUNTY _____ STATE _____
21. I attended the deceased from 7-21-58 to 7-25-58 and last saw her alive on 7-25-58 Death occurred at 10 am m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Walker M.D. (Degree or title)		22b. ADDRESS Clinton Mo	22c. DATE SIGNED 7-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	23d. LOCATION (City, town, or county) Clinton, Mo. (State)
24. FUNERAL DIRECTOR Thomas House ADDRESS Clinton, Mo.		25. DATE RECD. BY LOCAL REG. 7-26-58	26. REGISTRAR'S SIGNATURE Mildred Bigum

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *R. R. Kenney*

Licensed Embalmer No. *3099*
P. O. Address *Clinton, 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.