

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4317

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3014 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 415 Ford Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 Ford Ave.		d. STREET ADDRESS (If rural, give location) 415 Ford Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Nancy	b. (Middle) Beulah	c. (Last) Vervelen	4. DATE OF DEATH (Month) (Day) (Year) Mar. 7-49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 10-1880	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 10 Days 27	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY "	11. BIRTHPLACE (State or foreign country) Mecon County Mo.	12. CITIZEN OF WHAT COUNTRY? US.			

13a. FATHER'S NAME John Eppert	13b. MOTHER'S MAIDEN NAME Sarah Turner	14. NAME OF HUSBAND OR WIFE William A Vervelen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Lester Vervelen	ADDRESS Liberty Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Progressive Bulbar Paralysis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 352X		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Feb.**, 19 **46**, to **March**, 19 **49**, that I last saw the deceased alive on **3-7-**, 19 **49**, and that death occurred at **1:26 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. M. Smith (Degree or title) D.O.	23b. ADDRESS Liberty, Mo.	23c. DATE SIGNED 3-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 9-49	24c. NAME OF CEMETERY OR CREMATORY Fairview	24d. LOCATION (City, town, or county) (State) Liberty Mo.
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DATE REC'D BY LOCAL REG. MARCH - 8 - 49	REGISTRAR'S SIGNATURE Minnie Hayes	25. FUNERAL DIRECTOR'S SIGNATURE Church-Orcher Co.	ADDRESS Liberty, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24
2
1

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-14-49

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 _____
Student Embalmer

Signed John Lamber

Licensed Embalmer No. 4448

P. O. Address Silchester 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 this body is not embalmed, fact should be so stated above.