SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012959
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 187

FILED MAY 8 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CAPE GIRARDEAU
Length of stay in 1b: 3 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: So. East. Hosp.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Bollinger
c. CITY OR TOWN: Lutesville Mo
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First KIMBERLY Middle Jo Last VANGENNIP

4. DATE OF DEATH: Month 4 Day 24 Year 1961

5. SEX: F. M.

6. COLOR OR RACE: W

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-24-61

9. AGE (last birthday)

IF UNDER 1 YEAR: Months; Days; Hours 2; Min. 10
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): CAPE GIRARDEAU

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: James E. VANGENNIP

13b. MOTHER'S MAIDEN NAME: Janet HANSEN

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 NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT Address: James E. Vangennip Lutesville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Hyaline Membrane Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prematurity Breech Delivery

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/24/61 to 4/24/61 and last saw her/him alive on 4/24/61
Death occurred at 9:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ernest W. Hixson Jr., M.D.

22b. ADDRESS: 24 No. Sprigg St. Cape Girardeau, Mo.

22c. DATE SIGNED: 5/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-26-1961

23c. NAME OF CEMETERY OR CREMATORY: Bollinger Co. Mem.

23d. LOCATION (City, town, or county) (State): Lutesville Mo

24. FUNERAL DIRECTOR ADDRESS: Gene Ward Lutesville Mo

25. DATE RECD. BY LOCAL REG.: 5-4-61

26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

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 Kenneth Lilley

Licensed Embalmer No. 5086

P. O. Address Lutcombe

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.