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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42373**

FILED JAN 16 1949

Registration District No. **42**

Primary Registration District No. **5126**

Registrar's No. **1430**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rural, Crawford Twsp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Faucett, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life
years, months or days

3: (a) PRINT FULL NAME Obediah Martain Vestal
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Elizabeth Vestal
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 1 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>11</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Wallace County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farmer

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Fue Hull
 (b) Address Faucett, Mo.

17. (a) Burial (b) Date thereof 12/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)
Juda Cemetery

18. (a) Signature of funeral director Heaton Bowman
 (b) Address St. Joseph, Mo.

19. (a) 1-10-49 (b) E. G. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Faucett, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. Faucett, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
 year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 15
1948 to Dec. 21, 1948
 that I last saw him alive on December 15, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
 Due to Hypertension
 Due to Atherosclerosis
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 Duration 5 mo
unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
 (a) Means of injury _____

23. Signature E. G. Jenkins
 Address Buchanan Mo Date signed 1-4-49

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed James P. Hankins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Joplin

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.