

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1450

State File No.

131

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Holton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holton</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robison Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>				
3. NAME OF DECEASED (Type or Print) <u>William Vestle</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>1 10 1949</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3/2/1870</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>Amsley Vestle</u>			13b. MOTHER'S MAIDEN NAME <u>Francis Simmons</u>		
14. NAME OF HUSBAND OR WIFE <u>Myrtle Vestle</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. Lake</u>			ADDRESS <u>Rt. 1, Kansas</u>					
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) <u>Bronchial Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1-2-49</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491</u>			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>			DUE TO (c) <u>Unknown</u>		
19a. DATE OF OPERATION <u>None</u>			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>NO</u>			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) <u>None</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>0</u>		
22. I hereby certify that I attended the deceased from <u>12-31</u> , 19 <u>48</u> , to <u>1-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>49</u> , and that death occurred at <u>9:12</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>G. W. Robison</u> (Degree or title)				23b. ADDRESS <u>2629 W. Paseo</u>		23c. DATE SIGNED <u>1-11-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holton</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas</u>		
DATE REC'D BY LOCAL REGS. <u>1-11-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. J. Shelton, Kansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.

Signed.....

M. W. Seaver

Signed.....

Student Embalmer

Licensed Embalmer No. *3505*

P. O. Address *M. W. Seaver*

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.