

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9145

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4216 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel Rural, Elk River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel Rural, Elk River</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bertie Hazel</u>	b. (Middle)	c. (Last) <u>Vickers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 17 1905</u>	9. AGE (In years last birthday) <u>43</u>	# UNDER 1 YEAR (Months) _____	# UNDER 1 HR. (Hours) _____	# UNDER 1 MIN. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>sewing</u>	11. BIRTHPLACE (State or foreign country) <u>Eureka Springs Ark</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>RL Beach</u>	13b. MOTHER'S MAIDEN NAME <u>Dollie Ramey</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Vickers</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME: <u>R. L. Beach</u>	ADDRESS: <u>Noel Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>1</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) <u>Noel Elk River Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Noel Elk River Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from Oct 1, 1948; to 3-11, 1949, that I last saw the deceased alive on 3-10, 1949, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Beach, M.D.</u>	23b. ADDRESS <u>Southwest City, Mo.</u>	23c. DATE SIGNED <u>3-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 13 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Noel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McDonald Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-11-49</u>	REGISTRAR'S SIGNATURE <u>Mary Mathews</u>	423	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. R. Pycott</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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60

RECEIVED
District Health Officer
District File Number 449
Date Filed 4-6-

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 ER. Pyatt

Signed _____
Student Embalmer

Licensed Embalmer No. 3211

P. O. Address Shovette Ave

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.