

FILED DEC 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36322

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 297		
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia 0</u>		c. LENGTH OF STAY (in this place) <u>72 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS-FISCHEL STATE CANCER HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>707 N 4th ST</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAISY</u>			b. (Middle) <u>MAV</u>		c. (Last) <u>VESSER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 3 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>7-18-95</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>WILLARD T. HALL</u>			13b. MOTHER'S MAIDEN NAME <u>CORA CHILDERS</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK VESSER</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Record</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism, massive</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>EPIDERMAL CARCINOMA - UTERINE CERVIX - SAGITT</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5"</u>  <u>71X</u>  <u>24rs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>9-22</u> <u>1949</u> , to <u>12-3</u> <u>1949</u> , that I last saw the deceased alive on <u>12-3</u> <u>1949</u> , and that death occurred at <u>3:35 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>			23b. ADDRESS <u>Columbus, Mo</u>			23c. DATE SIGNED <u>12-3-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 4 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 4 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Emma Smith</u>		ADDRESS <u>Columbia, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

10  
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District No. 9,  
RECEIVED DEC 14 1949

1950  
JUN 7 1950

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 *M. J. Whitaker*

Licensed Embalmer No. 3893

P. O. Address Columbia, 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.