

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20646

BIRTH MO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 4241		Registrar's No. 110	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Oak Grove		c. LENGTH OF STAY (In this place) 25-yr		c. CITY (If outside corporate limits, write RURAL and give township) Oak Grove 146			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) Ella (Type or Print)			b. (Middle) L		c. (Last) Vestal		4. DATE OF DEATH (Month) (Day) (Year) 6-7-1950
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb 22-1858	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME H. Gray		13b. MOTHER'S MAIDEN NAME Jane Booth		14. NAME OF HUSBAND OR WIFE V.T. Vestal			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Vestal Oak Grove Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis - generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arterio sclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 5 2	
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 Jan 1949, to June 7, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 4 A. M., from the causes and on the date stated above.							
23a. SIGNATURE John W. Williams M.D.				23b. ADDRESS Oak Grove Mo		23c. DATE SIGNED 6-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county), (State) Oak Grove Mo	
DATE REC'D BY LOCAL REG. 6-9-50		REGISTRAR'S SIGNATURE Donald C. Earnshaw		FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home		ADDRESS Oak Grove Mo	

JUN 17 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

R. B. Webb

Licensed Embalmer No.

2353

P. O. Address

Blue Springs Dr

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.