

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3799

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Way Nursing Home		d. STREET ADDRESS (If rural, give location) Centralia - Rural	

3. NAME OF DECEASED (Type or Print)	a. (First) ALFRED HANCE VEST	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-23-1876	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months 11	11. UNDER 1 YEAR Days 2	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Hockins County near Logan, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Jasper Vest	13b. MOTHER'S MAIDEN NAME Harriet Elizabeth Earnheart	14. NAME OF HUSBAND OR WIFE Sue Leona Lewis Vest
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. H. Vest	ADDRESS Centralia, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  4222
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chc. way a condition</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Malnutrition</i> DUE TO (c) <i>Senility</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/24 to 2/25, 1951, that I last saw the deceased alive on 2/24, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <i>[None]</i>	23b. ADDRESS <i>Centralia, Mo.</i>	23c. DATE SIGNED <i>2/25/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-27-51	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
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DATE REC'D BY LOCAL REG. Feb 27, 1951	REGISTRAR'S SIGNATURE <i>Maud Mc Bride</i>	30	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bill L. Meador</i>	ADDRESS <i>Centralia</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01004

MAR 6 1951

RECEIVED 2-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 2-6-51 -----

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 -----

Lois M. Meador

working under my personal supervision.

Student Embalmer No. 379

Signed *Lois M. Meador*  
Student Embalmer

Signed *R. E. Boothe*

Licensed Embalmer No. 4087

P. O. Address *Sturgeon - 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.