

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11653

State File No.

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (in this place) 42 years		d. STREET ADDRESS (If rural, give location) 511 North Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 511 North Jefferson			

3. NAME OF DECEASED (Type or Print)	a. (First) Eva	b. (Middle) May	c. (Last) Vawter	4. DATE OF DEATH (Month) (Day) (Year) March 11, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 16, 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 9 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Pierce	13b. MOTHER'S MAIDEN NAME Ada Aureline Vaughan	14. NAME OF HUSBAND OR WIFE -----
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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 Miss Iola Vawter	ADDRESS Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary occlusion		
	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. Arteriosclerotic Hypertrophic		6 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Normal	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **2/28, 1952** to **3/11, 1952** that I last saw the deceased alive on **3/11, 1952** and that death occurred at **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 8/13/52
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE March 14, 1952	24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. March, 14-52	REGISTRAR'S SIGNATURE Ridway T. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS Marshall Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 W. Campbell Jr.

Licensed Embalmer No. 34690

P. O. Address Marshall

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.