

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28557

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559Y Registrar's No. 60

500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, write RURAL and give town) Rural Joachim | | c. CITY (If outside corporate limits, write RURAL and give township) HORINE | |
| c. LENGTH OF STAY (in this place) 30yrs. | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. view Nursing Home | | | |

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|---|------------------------|--|---|------------------------------------|----------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) Rudolph c. (Last) Vernon | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1952 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 20, 1882 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 5 Days 16 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Glass worker | 11. BIRTHPLACE (State or foreign country) Lixville, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|-----------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME William Vernon | 13b. MOTHER'S MAIDEN NAME Caroline Statler | 14. NAME OF HUSBAND OR WIFE |
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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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Vernon Barnhart, 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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute embolism to vessels of both upper extremities | | |
| | 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. | | | |

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| 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) m. | 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 1-9, 1952 to 8-6, 1952 that I last saw the deceased alive on 8-6-1952 and that death occurred at 12-30P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (In ink or blue ink) | 23b. ADDRESS Crystal City, Mo. | 23c. DATE SIGNED 8-8-52 |
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|--|----------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug. 8, 52 | 24c. NAME OF CEMETERY OR CREMATORY Rose Lawn Garden | 24d. LOCATION (City, town, or county) (State) Crystal City, Mo. |
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|---------------------------------|-----------------------|------------------------------|---------|
| DATE REC'D BY LOCAL REG. 8-8-52 | REGISTRAR'S SIGNATURE | FEDERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---------------------------------|-----------------------|------------------------------|---------|

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 11 1952

JUL 15 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Georgio P. Palitte

Signed
Student Embalmer

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, 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.