

S. No. 300
v. 10-48
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41910

State File No. _____

FILED NOV 17 1953

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6214 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Clear Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Route Walker</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Clear Creek Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walker Rural Route</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Zella</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Vickers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-6-53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 3, 1891</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) <u>62</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John O'Fallon</u>	13b. MOTHER'S MAIDEN NAME <u>Berulla Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Vickers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Vickers--Walker Mo.</u>	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No Information</u> DUE TO (c) <u>No Information</u>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Found dead.</u>			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION: <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rural Route, Walker, Vernon, Mo</u>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Vernon, Vernon, Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4343</u>
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22. I hereby certify that I attended the deceased from ✓, 19✓, to ✓, 19✓, that I last saw the deceased alive on ✓, 19✓, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Merado Mo</u>	23c. DATE SIGNED <u>11-7-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vernon County, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-10-53</u>	REGISTRAR'S SIGNATURE <u>Bliss B. Daily</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arvini Carothers</u>	ADDRESS <u>Eldorado, Sns</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUN 4 1957

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 May W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Spgs, 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.