

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**41981**

State File No. ....

**FILED JAN 7 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3002 Registrar's No. 420

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Adair</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	
c. LENGTH OF STAY (in this place) <u>2 mo. 28 das</u>		p. o. / 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>402 E. Jefferson</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Vail</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 20 1953</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Divorced</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 4, 1887</u>	<b>9. AGE</b> (In years last birthday) <u>66</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Illinois</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>James H. Vail</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Francis A. Alpire</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Frances Young, Kirksville, Mo.</u>	<b>ADDRESS</b> <u>505 E. Jefferson</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 yr</u> <u>1 1/2 yrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of left ovary &amp; abdomen</u>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Carcinoma of sigmoid</u> DUE TO (c) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>As above</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>153 X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Mar 19 1952 **to** Dec 20, 1953, **that I last saw the deceased alive on** Dec 20, 1953, **and that death occurred at** 6:00 P m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>George E. Grim</u>	(Degree or title) <u>MD</u>	<b>23b. ADDRESS</b> <u>Kirksville, Missouri</u>	<b>23c. DATE SIGNED</b> <u>12-21-53</u>
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<b>24a. BURIAL, CREMATION, OR REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>12-22-53</u>	<b>24c. NAME OF CEMETERY, OR CREMATORY</b> <u>Maple Hills Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kirksville Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-22-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Kate Lambert</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Robert B. Davis</u>	<b>ADDRESS</b> <u>Kirksville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

JAN 8

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

*Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Ficksville, 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.