

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

401

State File No.

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4066 Registrar's No. 2

| | | | | | |
|--------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kingston</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kingston</u> | | d. STREET ADDRESS (If rural, give location) <u>0130</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | d. STREET ADDRESS | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertude</u> | | b. (Middle) <u>Allene</u> | | c. (Last) <u>Virtue</u> | |
| 4. DATE OF DEATH (Month) <u>I</u> (Day) <u>15</u> (Year) <u>54</u> | | 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | |
| 7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>8-21-1885</u> | | 9. AGE (in years last birthday) <u>68</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Starfield, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME <u>Samuel B. Davis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Barnard</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Glenn Virtue</u> | | 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 <u>Roy Vance, Hamilton, Missouri</u> ADDRESS | | | | | |

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------|
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 MONTHS</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> | | | <u>5 years</u> |
| DUE TO (c) | | | | | |
| 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 <u>443 X</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) <u>Kingston Caldwell Mo</u> | | |
| 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? | | |

22. I hereby certify that I attended the deceased from Dec 15, 1953 to Jan 15, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 8 P m., from the causes and on the date stated above.

| | | | | | |
|------------------------------------------------------------------------|--|-----------------------------------------|--|-------------------------------------------------------------|--|
| 23a. SIGNATURE <u>Frank R. O'Leary, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Hamilton, Mo.</u> | | 23c. DATE SIGNED <u>1-18-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>I-17-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kingston Missouri</u> | | DATE REC'D BY LOCAL REG. <u>1-27-54</u> | | REGISTRAR'S SIGNATURE <u>Ellslys Jones</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark</u> | | ADDRESS <u>Kingston, Missouri</u> | | | |

(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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.