

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12529

FILED APR 20 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5634 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Spring Hollow		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon, Mo.	
c. LENGTH OF STAY in this place 7 Days		d. STREET ADDRESS (If rural, give location) 673 West 3Rd.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lebanon, Mo. Rt. 2			

3. NAME OF DECEASED (Type or Print) a. (First) Elmira b. (Middle) _____ c. (Last) Vickers			4. DATE OF DEATH (Month) (Day) (Year) April 6, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb, 2, 1865	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Pulaski, County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Barr	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Isac Vickers
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME S. M. Vickers	ADDRESS Lebanon, Rt. 2
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) Central Virus Lung infection		INTERVAL BETWEEN ONSET AND DEATH 2 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation			2 hours.
	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 4343	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)	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 **4-5-1954**, to **4-6-1954**, that I last saw the deceased alive on **4-6-1954**, and that death occurred at **2:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Bohrer	(Degree or title) D.O.	23b. ADDRESS 2 LEBANON, MISSOURI	23c. DATE SIGNED 4-9-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-9-54	24c. NAME OF CEMETERY OR CREMATORY Dodson	24d. LOCATION (City, town, or county) (State) Laclede Mo.
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DATE REC'D BY LOCAL REG. 4-14-1954	REGISTRAR'S SIGNATURE Hella L. Mayo	424	25. FUNERAL DIRECTOR'S SIGNATURE J. R. Palmer	ADDRESS Lebanon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received APR 17 1954
Laclede County Health Unit
File No. 454-59
Date Filed APR 17 1954

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 Stanley R. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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.