

34204

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4855

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>3 1/2 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		34. STREET ADDRESS (If rural, give location) <b>2546 Elmwood</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b>		b. (Middle) <b>B.</b>		c. (Last) <b>Vestal</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19, 1954</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 25, 1875</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>79</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>College Mound, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>J. B. Brooks</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Everhart</b>	
14. NAME OF HUSBAND OR WIFE <b>Peter C. Vestal</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Cleo White</b>		ADDRESS <b>2546 Elmwood</b>		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) <b>Rupture of Heart</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>	
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial Infarction</b>		DUE TO (c) <b>Coronary Artery Thrombosis</b>		<b>4 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE <i>Richard C. Schaffer</i>	
23b. ADDRESS <b>44 Maple St. K.C., Mo.</b>		23c. DATE SIGNED <b>10-19-54</b>		24a. BURIAL CREMATION (Specify) <b>Burial</b>	
24b. DATE <b>Oct. 21, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grand Prairie Ceme.</b>		24d. LOCATION (City, town, or county) (State) <b>Cairo, Missouri</b>	
DATE REC'D BY LOCAL REG <b>10-19-54</b>		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b>	
ADDRESS <b>4139 Truman Rd. K.C. Mo</b>		(Licensed Embalmer's Statement on Reverse Side)			

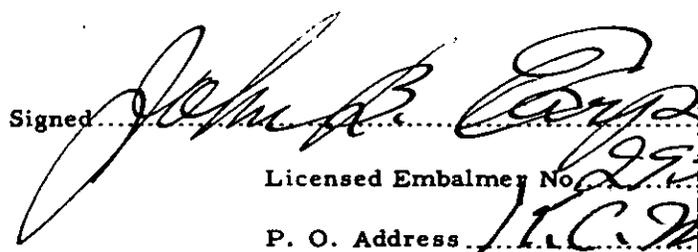
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Richard C. Schaffer

FILED NOV 5 - 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 ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 29.....  
P. O. Address N.C. 9.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.