

FILED MAR 11 1955

# STANDARD CERTIFICATE OF DEATH

State File No. **3794**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 21

1. PLACE OF DEATH  
 a. COUNTY Andrew  
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural)  
 c. LENGTH OF STAY (in this place) 1 year  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Shady Lawn (N.H.)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Andrew  
 c. CITY OR TOWN Rural  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) Rt. # 3, St. Joseph 0020

3. NAME OF DECEASED (Type or Print)  
 a. (First) LAURA b. (Middle) A. c. (Last) VESTAL  
 4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec. 2, ? 9. AGE (In years last birthday) Over 70 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Dearborn, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ernest Gilbert 13b. MOTHER'S MAIDEN NAME Jane Vick 14. NAME OF HUSBAND OR WIFE J.D. Vestal (de)

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 Goldie Whitaker ADDRESS 306 E. Hyde Park Ave

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) Auricular Fibrillation & Asystole 3 days  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. Fracture Right Hip.  
 INTERVAL BETWEEN ONSET AND DEATH 3 days.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) 002 (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 11-13 1954, to 2-2, 1955, that I last saw the deceased alive on 1-31, 1955, and that death occurred at 7:00A m, from the causes and on the date stated above.

22a. SIGNATURE Albert B. Kelley (Degree or title) \_\_\_\_\_ 22b. ADDRESS Lawrence, Mo. 22c. DATE SIGNED 2-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 4, 1955 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery 24d. LOCATION (City, town, or county) (State) Dearborn, Missouri

DATE REC'D BY LOCAL REG. 2-24-55 REGISTRAR'S SIGNATURE L. Park 25. FUNERAL DIRECTOR'S SIGNATURE John Stupp ADDRESS St. Joseph, Mo.

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, ~~or by~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William E. Bazan*.....

Licensed Embalmer No. *47*.....

P. O. Address *St. Joseph*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I  
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.