

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29337

FILED OCT 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO: 4152 Registrar's No. 7-1955

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>heasburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>heasburg</u>	
c. LENGTH OF STAY (in this place) <u>19 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARA</u> b. (Middle) <u>- Mary</u> c. (Last) <u>Vester</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Apr 1 1879</u>		9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>6</u> DAYS <u>5</u> IF UNDER 1 YEAR	
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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Cobran Phipps</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Hall</u>		14. NAME OF HUSBAND OR WIFE <u>James A. Deed-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates observed) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs LNA Weissenborn - St Louis, Mo</u> ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
*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) <u>Myocardial Infarction</u>			
		ANTECEDENT CAUSES			
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
		DUE TO (b) <u>Coronary Artery Disease</u>			
		DUE TO (c) <u>4201</u>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min)		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 Aug 18, 1955, to Sept 8, 1955, that I last saw the deceased alive on Sept 8, 1955, and that death occurred at 1:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Canahan</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bourbon, Mo.</u>		23c. DATE SIGNED <u>Oct. 6, 1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 9-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>heasburg</u>	
				24d. LOCATION (City, town, or county) (State) <u>heasburg Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Oct. 7 1955</u>		REGISTRAR'S SIGNATURE <u>H. C. Davis Deputy 372</u>		F. FINANCIAL DIRECTOR'S SIGNATURE <u>Kerman</u> ADDRESS <u>Cuba, Mo</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

2 a Jr 1871

**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.....

*Norman D. Spencer*

Licensed Embalmer No. *4673*

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.