

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

153333

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6215 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> <u>1000</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>"Rural" Walker, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural</u> Length of stay in lb <u>55 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>RFD # 2 Walker, Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u>Lee</u> Last <u>Brown</u>			4. DATE OF DEATH Month <u>4</u> Day <u>7</u> Year <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 5th, 1869</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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 country) <u>Sedalia Mo.</u>
13. FATHER'S NAME <u>George L. Vater</u>		14. MOTHER'S MAIDEN NAME <u>Susan Adaline Vater</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mo.</u> <u>Adaline Brown Foster RFD2 Walker</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 minute</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Coronary Insufficiency</u>			<u>Many years</u>
DUE TO (c) <u>Arteriosclerosis</u>			<u>Many yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Acute coronary infarction, posterior - February 1953. Left radical breast amputation - 30 yrs ago. Carcinoma left breast.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201H</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>February 1953</u> to <u>April 7, 1956</u> and last saw her alive on <u>Apr. 2, 1956</u> Death occurred at <u>12:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dora Lee Brown</u> (Degree or title)		22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	22c. DATE SIGNED <u>4-14-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-10-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>
24. FUNERAL DIRECTOR <u>Hays Funeral Service Inc.</u> ADDRESS <u>Nevada Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>4-16-1956</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *A. H. Marmaduke*.....

Licensed Embalmer No. *2*

P. O. Address *Wroada*

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