

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22492**

BIRTH NO. _____ REG. DIST. NO. **223** PRIMARY REG. DIST. NO. **4474** Registrar's No. **13**

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| 1. PLACE OF DEATH a. COUNTY SALINE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SALINE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs | | c. CITY OR TOWN Sweet Springs | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 1/2 hour | | STREET ADDRESS (If rural, give location) 326 Spring St. 0970 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Roberts + Worley Clinic | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) Brown c. (Last) Vickrey | | | 4. DATE OF DEATH (Month) (Day) (Year) June 17 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH April 3, 1905 | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver | | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and State or Foreign Country) Sweet Springs Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME William O Vickrey | 13b. MOTHER'S MAIDEN NAME Effie Brown | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-07-7160 | 17. INFORMANT'S SIGNATURE OR NAME Mrs HARRY Hayworth ADDRESS Sweet Springs Mo | |
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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, assthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH 1 hour |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous myocardial infarction | | 5 weeks | |
| 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) 4201 |
| 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 **6-13 1956** to **6-13 1956** that I last saw the deceased alive on **6-13 1956**, and that death occurred at **8:55 A.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Paul Roberts, M.D. (Degree or title) | 23b. ADDRESS Sweet Springs, Mo | 23c. DATE SIGNED 6-13-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 19, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Blackwater Chapel | 24d. LOCATION (City, town, or county) (State) Pettis Co. Mo |
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| DATE REC'D BY LOCAL REG. June 19, 1956 | REGISTRAR'S SIGNATURE Mary Mosley | 25. FUNERAL DIRECTOR'S SIGNATURE Edgar L Mosley ADDRESS Sweet Springs Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Edgar L Moseley*.....

Licensed Embalmer No. *4711*

P. O. Address *Sweet Springs*

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.