

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25689

State File No.

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson, Mo.</u>		c. LENGTH OF STAY (In this place) <u>Nelson 55Yrs</u>	c. CITY OR TOWN <u>Nelson</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Main St. No Number</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Main St. No Number</u> 0970	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Issac</u>	b. (Middle) <u>Mortimore</u>	c. (Last) <u>Verts.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 11 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 1-1865</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant and Wood</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>worker-Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Leesburg, Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Verts</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Tucker Verts</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Issac M. Verts-Nelson, Mo.</u>
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Arteriosclerosis generaliz</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Cholesterolemia & infarct</u>		
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)	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 14 Aug 1955, to 11 Aug 1956 that I last saw the deceased alive on 19 Aug 1956 and that death occurred at 5 A. m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph H. Hunsaker MD</u>	23b. ADDRESS <u>Marshall, Mo</u>	23c. DATE SIGNED <u>8-11-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/13/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nelson, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-11-56</u>	REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leslie Lacey-Marshall, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

528

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..... *J. Leathie Swanson*

Licensed Embalmer No. *32135*

P. O. Address *Marshall*

-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.