

FILED MAY 27 1957

STANDARD CERTIFICATE OF DEATH

16364
State File No.

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5153 Registrar's No. 30

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|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Kingston</u> | | c. CITY OR TOWN <u>Kingston</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>01300</u> | |

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|----------------------------------------|------------------------|--------------------------|-------------------------|-------------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Earl</u> | b. (Middle) <u>Vance</u> | c. (Last) <u>Virtue</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>8</u> <u>57</u> |
|----------------------------------------|------------------------|--------------------------|-------------------------|-------------------------------------------------------------------------|

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|--------------------|---------------------------|--------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|--------------------------------|-------------------------------|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>3-7-1903</u> | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 WKS. Hours Min. |
|--------------------|---------------------------|--------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|--------------------------------|-------------------------------|

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|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Garage</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kingston, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------|

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|-------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| 13a. FATHER'S NAME <u>James Virtue</u> | 13b. MOTHER'S MAIDEN NAME <u>Nannie Luella Vance</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Virtue</u> |
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| 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>488-22-7738</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Virtue, Kingston, Mo.</u> | ADDRESS |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|---------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, generalised.</u> <u>10 years.</u> | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 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) <u>331x</u> |
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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? |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|

22. I hereby certify that I attended the deceased from Oct, 1953, to May, 1957, that I last saw the deceased alive on May 1, 1957, and that death occurred at 2:30 AM., from the causes and on the date stated above.

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|---------------------------------------------|-------------------------------|--------------------------------------|----------------------------------------|
| 23a. SIGNATURE <u>Howard Carter M.D.</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Hamilton, Mo.</u> | 23c. DATE SIGNED <u>May 8, 1957</u> |
|---------------------------------------------|-------------------------------|--------------------------------------|----------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>5-10-1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kingston, Missouri</u> |
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|----------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------|---------|
| DATE REC'D BY LOCAL REG. <u>May 21-57</u> | REGISTRAR'S SIGNATURE <u>Gladys Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark, Kingston, Missouri</u> | ADDRESS |
|----------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

37-0
May

MAY 29 1957

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 *Ceramus Clark*.....

Licensed Embalmer No. 3257.....

P. O. Address Kingston, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

[Handwritten marks]