

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019028

STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 210 Primary Registration District No. 5773 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton <i>Morgan Morgan</i>		c. CITY OR TOWN Davenport <i>8140</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *****		d. STREET ADDRESS 967 1/2 Telegraph Road <i>(If outside, give location)</i>	
3. NAME OF DECEASED (Type or print) Charles Lee Vestal		4. DATE OF DEATH Month May Day 31 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-23-1930
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and state or country) Muscatine, Iowa	
10b. KIND OF BUSINESS OR INDUSTRY J.I. Case Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Pode Vestal		14. MOTHER'S MAIDEN NAME Mary Ranes.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes Korean		17. INFORMANT Mrs. C.L. Vestal <i>1967 Address: Davenport, Iowa</i>	

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>Crushing of the cranium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Motor vehicle collision</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input checked="" 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>Motor vehicle collision - 2 miles East of</u>	
20c. TIME OF INJURY Hour 11:45 P.m. Month, Day, Year 5-31-58		<u>Princeton, Mo. on U.S. 136</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2 mi. E. of Princeton</u>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE <u>Mercer Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her <u>him</u> alive on _____ Death occurred at <u>approx. 11:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE <u>Douglas C. Reese, M.D.</u> (Degree or title)		22b. ADDRESS <u>Princeton, Mo.</u>	22c. DATE SIGNED <u>6-3-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Re-burial</u>	23b. DATE <u>6-3-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Cincinnati Iowa</u>
24. FURNERAL DIRECTOR'S ADDRESS <u>General Home</u>	25. DATE RECD. BY LOCAL REG. <u>6-2-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

Health, Welfare Public Service
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Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 27 1958

JUN 16 1958

JUN 10 1958

1958

MAY 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~, Student Embalmer No.....

working under my personal supervision..

Student

Signature of Student Embalmer

Signed

B.E. Agnew

Licensed Embalmer No. 508

P. O. Address *Princeton*

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