

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035470

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 482

300

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Mo.		c. CITY OR TOWN Marshall	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Med. Center		Length of stay in 1b 17 days	
STREET ADDRESS 0972		(If outside, give location) 618 N. Bond	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Hubert Middle Leroy Last Vickery			4. DATE OF DEATH Month Oct. Day 28 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 12/19/1900
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Bulldozer Operator	11. BIRTHPLACE (City and state or country) Sweet Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? United States		13. FATHER'S NAME William Vickery	
13b. MOTHER'S MAIDEN NAME Effie Brown		14. NAME OF HUSBAND OR WIFE Mildred Vickery	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital Record		Address Columbia Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple rib and vertebral fractures			18 days
DUE TO (c) Emphysema + atelectasis			? years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9/21			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) Struck in chest by falling tree while bulldozing	
20c. TIME OF INJURY Hour AM Month, Day, Year 10-10-58			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) farm - timber area	
20f. CITY, TOWN, OR LOCATION Marshall, Mo.		COUNTY 097 STATE	
21. I attended the deceased from 10/11/58 to 10/28/58 and last saw her/him alive on 10/28/58 Death occurred at 9:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Earl J. Wiegler, Jr., M.D.		22b. ADDRESS U. of Mo. Medical Center	
22c. DATE SIGNED 10/29/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10-29-58	
23c. NAME OF CEMETERY OR CREMATORY Sweet Springs Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Parker Funeral Home Columbia, Mo		25. DATE RECD. BY LOCAL REG. Oct 29 1958	
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer			

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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. Phillips*

Licensed Embalmer No. *4897*

P. O. Address *Columbus, 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.