

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041020

FILED VS DEC 1 1959

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 36

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AURORA-SPRINGS</u>		Length of stay in lb <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>ELDON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AURORA-SPRINGS</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>AURORA-SPRINGS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>HARVEY</u> Middle <u>ROY</u> Last <u>VERNON</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>14</u> Year <u>1959</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>31 Dec-1890</u>		9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanist-</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Trail-Road</u>				11. BIRTHPLACE (City and state or country) <u>MILLER-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James-Harvey-VERNON</u>				13b. MOTHER'S MAIDEN NAME <u>Pashiel-Cox</u>				14. NAME OF HUSBAND OR WIFE <u>VICA-VERNON</u>					
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>712-03-6038</u>		17. INFORMANT <u>VICA-VERNON</u>		Address <u>ELDON-MO</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>										<u>3 weeks</u>			
DUE TO (b) <u>Generalized arteriosclerosis</u>										<u>unknown</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)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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>NONE</u>									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>NONE</u>		20d. INJURY OCCURRED WHILE AT WORK <input 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.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION <u>NONE</u>		COUNTY		STATE			
21. I attended the deceased from <u>Oct 26 1959</u> to <u>Nov 14 1959</u> and last saw him alive on <u>Nov 13 1959</u> Death occurred at <u>Nov 14 1959 12:20 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Jack Linn M.D.</u>						22b. ADDRESS <u>Versailles-Mo</u>			22c. DATE SIGNED <u>Nov. 18, 59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>16 Nov-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ELDON-</u>		23d. LOCATION (City, town, or county) <u>ELDON</u>		23e. STATE <u>Mo</u>					
24. FUNERAL DIRECTOR <u>Keith M. Fays</u>				ADDRESS <u>ELDON-MO</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 19, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Edw. Veretta Waltz</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 1 1959

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon, 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.