

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007733

FILED VS FEB 23 1960

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 26

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond</u>		Length of stay in 1b <u>1 wk.</u>		c. CITY OR TOWN <u>Polo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Clemens Rest Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>X</u>	
3. NAME OF DECEASED (Type or print) First <u>Alta</u> Middle <u>F.</u> Last <u>Vick</u>				4. DATE OF DEATH Month <u>2</u> Day <u>10</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-4-1876</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Caldwell Co. mo</u>		12. CITIZEN OF WHAT COUNTRY <input checked="" type="checkbox"/>		
13a. FATHER'S NAME <u>Henry Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mumpower</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. A. Vick (Dec)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Chas. Vick 5201 N. Wayne K.C. Mo</u>			
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>ACUTE DILATATION</u> DUE TO (b) <u>ARTERIO-SCLEROSIS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>INST.</u>	
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 checked="" 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.) _____					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____	STATE _____		
21. I attended the deceased from <u>2-9-60</u> to <u>2-10-60</u> and last saw her ^{her} _{him} alive on <u>2-10-60</u> Death occurred at <u>9 P.M.</u> on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>Richmond Mo</u>		22c. DATE SIGNED <u>2-11-60</u>		
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	23b. DATE <u>2-13-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kingston</u>		23d. LOCATION (City, town, or county) (State) <u>Kingston Caldwell Mo</u>			
24. FUNERAL DIRECTOR <u>Aspang & Cowley</u> ADDRESS <u>Polo Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-18-1960</u>	26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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

Erwin L. Howdich

Licensed Embalmer No. 4974

P. O. Address Polo 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.