

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002340

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 61

STATE FILE NUMBER

**FILED FEB 6 1962**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Length of stay in lb <b>58 yrs</b>		c. CITY OR TOWN <b>Joplin</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2327 Sergeant Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>Julia</b> Middle <b>Edna</b> Last <b>Vick</b>			4. DATE OF DEATH Month <b>January</b> Day <b>26</b> , Year <b>1962</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-5-1880</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired- Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Plevana, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Henry Freed</b>		13b. MOTHER'S MAIDEN NAME <b>Lottie</b>	
14. NAME OF HUSBAND OR WIFE <b>De'd Charles H. Vick, 5-2-1960</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unk</b>	
17. INFORMANT <b>Dau-</b>		Address <b>Mrs. Paul Albright, 2327 Sergeant Avenue</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b>					<b>2 years</b>
DUE TO (c) <b>Coronary Arteriosclerosis</b>					<b>6 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>					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 <b>4:10 PM</b> Month, Day, Year <b>1-26-62</b>		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>4-4-62</b> to <b>1-26-62</b> and last saw <u>her</u> alive on about <b>1-5-62</b> Death occurred at <b>4:10 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>DeTar Clinic, 410 Jackson, Joplin, Missouri</b>		22c. DATE SIGNED <b>1-27-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1-27-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moline Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Moline, Kansas</b>	
24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>1-31-1962</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 ROBERT A. YORK, Student Embalmer No. 631  
working under my personal supervision.

Student Robert A. York  
Signature of Student Embalmer

Signed Harvey E. Bruce

Licensed Embalmer No. 4463

P. O. Address Joseph 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.