

31420

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 29

FILED OCT 9 1944

Registration District No. 258Primary Registration District No. 5871

1. PLACE OF DEATH:

- (a) County Oregon
 (b) City or town Alton Rural Perry Iowa
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution
- 1
- (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME Virgie Oleva Vest

3. (b) If veteran, name war
-
3. (c) Social Security No.
-

4. Sex
- Female
5. Color or race
- White
6. (a) Single, widowed, married, divorced
- Married

6. (b) Name of husband or wife
- Troy Vest
6. (c) Age of husband or wife if alive
- 32
- years

7. Birth date of deceased
- Dec. 14 1922
-
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-
- 21 7 1
- hr. min.

9. Birthplace
- Oregon County Missouri
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business _____

- MOTHER FATHER
 { 12. Name Elijah Sisco
 { 13. Birthplace Oregon County Missouri
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Rebecca J. Shipman
 { 15. Birthplace Oregon County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant
- Elijah Sisco.

- (b) Address
- Alton, Mo.

17. (a)
- Burial
- (b) Date thereof
- 7/19/44
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Bailey Cem.

18. (a) Signature of funeral director
- Leo Carr
-
- (b) Address
- Thayer, Mo.

19. (a)
- 9/20 1944
- (b)
- Thayer, Mo.
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Oregon 75
 (c) City or town Alton (Rural) 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Perry Iowa 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- July
- day
- 15
-
- year
- 1944
- hour
- 6
- minute
- 30 P.
- M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
-
- that I last saw h_____ alive on _____, 19____;
-
- and that death occurred on the date and hour stated above.

Immediate cause of death _____

- Due to
- Internal Injury
-
- Left Chest + Back
-
- Auto Wreck

- Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accident 075
 (b) Date of occurrence July 15-44
 (c) Where did injury occur? Highway - 19 - Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature
- Leo Carr
- (M. D. or other)
-
- Address
- Thayer
- Date signed
- 7/19/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.