

Registration District No. **825**

Primary Registration District No. **4479**

1. PLACE OF DEATH:

(a) County **Schuyler**  
(b) City or town **Queen City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**  
(c) City or town **Queen City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lavando Austin Vittetoe**

3. (b) If veteran, **None** name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 15 1859**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88 6 10** br. \_\_\_\_\_ min.

9. Birthplace **Near Greentop Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Same**

12. Name **Stokley Vittetoe**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emoline Yaden**

15. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. C. O. Brantley**  
(b) Address **729 Olive St. Ottumwa, Ia.**

17. (a) **Burial** (b) Date thereof **Nov. 8, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Queen City Cemetery**

18. (a) Signature of funeral director **Wm. G. West**

(b) Address **Queen City, Missouri**

19. (a) **Nov. 8 - 47** (b) **Mrs. H. C. O. Brantley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **5th.**  
year **1947** hour **6:00 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **October 2nd, 1947** to **November 5, 1947**,  
that I last saw him alive on **November 4th, 1947**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure** Duration **5 days**

Due to **Senile Nephrosclerosis** **8 mons**

Due to **Senility** **Years.**

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (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) (c) Means of injury **2**

23. Signature **Ed. Stickland** M. D. or other **D.O.**  
Address **Queen City, Mo.** Date signed **11/7/47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 11-47-1550  
Date Filed NOV 11 1947

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 Self

....., Registered Apprentice No. ....

working under my personal supervision.

Signed: Wm A West

Licensed Embalmer No. 2882

P. O. Address Queens City N.Y.

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.