

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11804

4097 State File No. 4089 Registrar's No. 54

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville, Missouri	
c. LENGTH OF STAY (In this place) years		d. STREET ADDRESS (If rural, give location) 1600 Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1600 Independence			

3. NAME OF DECEASED (Type or Print) a. (First) Pauline	b. (Middle) Belle	c. (Last) Vesper	4. DATE OF DEATH (Month) 4 - (Day) 17 - (Year) 49
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 20. 1901	9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Holden, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Stufflebeam	13b. MOTHER'S MAIDEN NAME Cora Hamner	14. NAME OF HUSBAND OR WIFE Harry Vesper
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Harry Vesper ADDRESS Harrisonville, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatoid Arthritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		n2 20	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 17, 1948, to Apr. 17, 1949, that I last saw the deceased alive on Apr. 15, 1949, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Triplett M.D. (Degree or title)	23b. ADDRESS Harrisonville, Mo.	23c. DATE SIGNED Apr. 19, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-19-49	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	24d. LOCATION (City, town, or county) (State) Cass, Mo.
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DATE REC'D BY LOCAL REG. April 19, 1949	REGISTRAR'S SIGNATURE Laura J. Jones	51	25. FUNERAL DIRECTOR'S SIGNATURE Allen Brownfield ADDRESS Pleasant Hill, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 18 1940

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 _____

By me

Student Embalmer No. _____

working under my personal supervision.

Signed

Allen Brownfield

Signed.....

Student Embalmer

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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.