

FILED SEP 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32829

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6214 Registrar's No. _____

108

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

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CEDAR</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Eldorado Springs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Eldorado Springs Mo. RT 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME RT 1</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELMER</u>	b. (Middle) <u>C.</u>	c. (Last) <u>VICKERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-18-49</u>
-------------------------------------	-------------------------	-----------------------	--------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1-21-1890</u>	9. AGE (In years last birthday) (Specify)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
--------------------	-------------------------------	--	-----------------------------------	---	---	--	--

13a. FATHER'S NAME <u>GEORGE W. VICKERS</u>	13b. MOTHER'S MAIDEN NAME <u>NANNIE GANKIN</u>	14. NAME OF HUSBAND OR WIFE <u>MONA VICKERS</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>91-13-3770</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mona Vickers</u>	ADDRESS <u>Eldorado Springs Mo.</u>
---	--	---	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina pectoris</u>		<u>1 yr</u>
	DUE TO (c) <u>Coronary sclerosis</u>		<u>1 yr +</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>47 ml</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 9-18, 1949, to 9-18, 1949, that I last saw the deceased alive on 9-18-49, 1949, and that death occurred at 5 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. H. Sunderwirth</u>	23b. ADDRESS <u>802 El Dorado Appx Mo</u>	23c. DATE SIGNED <u>9-19-49</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs Mo.</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Sept 20-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs Sarah E Gray</u>	329	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter E. Crestman</u>	ADDRESS <u>Eldorado Springs</u>
---	--	-----	---	------------------------------------

RECEIVED

District Health Officer No. 7

District File Number 8-29-159

Date Filed 9-27-29

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
Student Embalmer

Signed

Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address 2 Duane Spring

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.