

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16239

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 114

264

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

1. PLACE OF DEATH a. COUNTY <u>Cole Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>21 da.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chamois</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Benjamin</u> c. (Last) <u>Vuillcott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 5 - 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Official</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Water Commissioner -- Welcome Mo</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Louis Vuillcott</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Herndon Vuillcott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Homer Vuillcott</u> ADDRESS <u>Chamois 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>age</u>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>None</u>		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) m.		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 19 4:5, 1950, to 5:5, 1950, that I last saw the deceased alive on 5-5, 1950, and that death occurred at 9 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. V. McFadyly M.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City Mo.</u>		23c. DATE SIGNED <u>5-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oklahoma Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Linn Mo., R.F.D.</u>		DATE REC'D BY LOCAL REG. <u>May 6-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris M.D. - NR 68</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Morton</u>		ADDRESS <u>Linn Mo</u>			

District File Number \_\_\_\_\_  
RECEIVED  
MAY 10 1950  
District Health Officer No. 9,

**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.

Signed Vernon M. Morton

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Leann, 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 this body is not embalmed, fact should be so stated above.