No. 300
10.48

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17854

BIRTH NO. _____ REG. DIST. NO. 301 2-55 PRIMARY REG. DIST. NO. 0871 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Williams Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton - Rural
d. STREET ADDRESS (If rural, give location): Goble Twp. 0750

3. NAME OF DECEASED (Type or Print)
a. (First): Archie
b. (Middle): Lee Gale
c. (Last): Vest

4. DATE OF DEATH (Month) (Day) (Year): 5 7 1950

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: 6/18/1945
9. AGE (In years last birthday): 4 — If under 1 year: Months 10, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alton, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Archie Vest
13b. MOTHER'S MAIDEN NAME: Virginia Rice
14. NAME OF HUSBAND OR WIFE:

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: Archie Vest
ADDRESS: Alton Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus (Coma)

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.

INTERVAL BETWEEN ONSET AND DEATH

260X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 15, 1950, *to* May 7, 1950, *that I last saw the deceased alive on* May 7, 1950, *and that death occurred at* 4:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Williams (Degree or title): MD
23b. ADDRESS: Doniphan Mo
23c. DATE SIGNED: 5-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1950
24c. NAME OF CEMETERY OR CREMATORY: Bailey Cemetery
24d. LOCATION (City, town, or county) (State): Alton Mo.

DATE REC'D BY LOCAL REG.: May 20-50
REGISTRAR'S SIGNATURE: Mrs W Johnson
25. FUNERAL DIRECTOR'S SIGNATURE: John D Clay
ADDRESS: Alton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0911

X-

RECEIVED 5-27-50
District Health Officer No. 8,
District File Number 550321
Date Filed 5-31-50

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 John D. Clary
Licensed Embalmer No. 4475
P. O. Address Box 398 Alton 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.