

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

FILED APR 23 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

20002

BIRTH NO.

REG. DIST. NO.

137-274

PRIMARY REG. DIST. NO.

3022

Registrar's No.

143

1. PLACE OF DEATH

a. COUNTY

BENTON

HENRY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINDSON

c. LENGTH OF STAY (in this place) 24 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

MISSOURI

b. COUNTY

PETTIS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA

d. STREET ADDRESS

(If rural, give location) 319 1/2 West 6th

3. NAME OF DECEASED

a. (First)

(Type or Print)

NELLE

b. (Middle)

VICKERS

c. (Last)

HARVEY

4. DATE

OF

DEATH

(Month)

(Day)

(Year)

April

6,

1950

5. SEX

F

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 2, 1894

9. AGE (In years last birthday)

65

IF UNDER 1 YEAR

Months

IF UNDER 1 YEAR

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fairburn, Georgia

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Bernard Vickers

13b. MOTHER'S MAIDEN NAME

Lula Cantrell

14. NAME OF HUSBAND OR WIFE

Chester R. Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME

Fred W. Forrester, 319 1/2 W 6th, Sedalia, Mo

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity 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.

MEDICAL CERTIFICATION

Cerebral hemorrhage

Hypertensive cardiovascular

Renal disease

avitaminosis + malnutrition

INTERVAL BETWEEN ONSET AND DEATH 30 mins

5 yrs

+4-2X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

None

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) (Minute)

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 June 1948, to Apr 5, 1950, that I last saw the deceased alive on Apr 5, 1950, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

E. L. G. H. M. S.

23b. ADDRESS

312 1/2 S. Ohio St., Sedalia, Mo.

23c. DATE SIGNED

4-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

April 5, 1950

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Atlanta, Georgia

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

R. J. Campbell, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

W. H. Buckner, Sedalia, Mo.

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 17

District Health Officer No. 8,

District File

Date Filed

4-21-50

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

W. Beckert

Licensed Embalmer No.

3470

P. O. Address

Sedalia 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.