

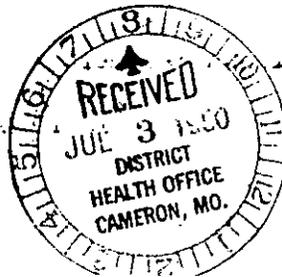
FILED AUG 2 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 23081  
Registrar's No. 47

|   |  |   |   |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 73   |   | PRIMARY REG. DIST. NO. 5291  |  | State File No. 23081   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Clay   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Clay |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty  |  | c. LENGTH OF STAY (In this place) 2 years   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty                                       |  | 0240   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION IOOF. Hospital  |  |   |   | d. STREET ADDRESS (If rural, give location) Mo. State IOOF. Home   |  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) Eva  |  |   | a. (First)                                |  | b. (Middle) Vail                                 |  | c. (Last)  |  |
| 4. DATE OF DEATH  |  | (Month) June  |   | (Day) 28   |  | (Year) 1950  |  |  |
| 5. SEX Female   |  | 6. COLOR OR RACE White  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married   |  | 8. DATE OF BIRTH Sept. 1870                                    |  |  |
| 9. AGE (In years last birthday) 79  |  | IF UNDER 1 YEAR Months  |   | IF UNDER 12 HRS. Hours   |  | IF UNDER 15 MIN. Min.  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spinster  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY         |  | 11. BIRTHPLACE (State or foreign country) Kansas |  | 12. CITIZEN OF WHAT COUNTRY? US.   |  |
| 13a. FATHER'S NAME Jackson Vail   |  |   | 13b. MOTHER'S MAIDEN NAME Calhoun Skinner |  |  | 14. NAME OF HUSBAND OR WIFE None                               |  |  |
| 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. No   |  | 17. INFORMANT'S SIGNATURE OR NAME IOOF Home Records            |  |  |
|   |  |   |   | 17. ADDRESS Liberty, Mo  |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
|   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leuitivity   |   |  |  |  | 1 year   |  |
|   |  | ANTECEDENT CAUSES   |   |  |  |  |  |  |
|   |  | Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. |   |  |  |  |  |  |
|   |  | DUE TO (c)  |   |  |  |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS  |   |  |  |  | 794X   |  |
|   |  | Conditions contributing to the death but not related to the disease or condition causing death.             |   |  |  |  |  |  |
| 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 July 1949 to June 1950, that I last saw the deceased alive on June 26 1950, and that death occurred at 4:15 P.M. from the causes and on the date stated above. |  |   |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) M. J. Gaddson MD   |  |   |   | 23b. ADDRESS Liberty Mo  |  | 23c. DATE SIGNED June 26 1950                                  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |  | 24b. DATE June 28-50  |   | 24c. NAME OF CEMETERY OR CREMATORY Bethany   |  | 24d. LOCATION (City, town, or county) (State) Bethany Missouri |  |  |
| DATE REC'D BY LOCAL REG. JUNE 28 1950   |  | REGISTRAR'S SIGNATURE Minnie Haynes 64  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Church-Ordway Co. Liberty Mo.   |  |  |  |  |

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



**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 L. Loberoff

Licensed Embalmer No. 4448

P. O. Address Liberty 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.