

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11693**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 474

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, rural Washington Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains 0461	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location) General Delivery 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 5			

3. NAME OF DECEASED (Type or Print)	a. (First) LUCY	b. (Middle) VESTAL	c. (Last) KING	4. DATE OF DEATH (Month) (Day) (Year) 4 26 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-17-1863	9. AGE (in years) (last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Buchanan Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Cornelius Vestal	13b. MOTHER'S MAIDEN NAME Elizabeth Hutchens	14. NAME OF HUSBAND OR WIFE William King
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ben Hayward, R.F.D. # 5	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C.V. disease		
	DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4/19, 1951, to 4/26, 1951, that I last saw the deceased alive on 4/25, 1951, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Scott E. Benson, M.D.	23b. ADDRESS 202 Phys. Surg Bldg	23c. DATE SIGNED 4-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-29-1951	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) West Plains, Missouri
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DATE REC'D BY LOCAL REG. May 3, 1951	REGISTRAR'S SIGNATURE Carl C. Casty	25. FUNERAL DIRECTOR'S SIGNATURE Joseph St. Joseph Mo.	ADDRESS
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(Licensed Embalmers' Statement on Reverse Side)

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 E. Rupp
Licensed Embalmer No. *3986*

P. O. Address *St Joseph 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.