

FILED MAY 3 1951

THE DIVISION OF VITAL RECORDS
STANDARD CERTIFICATE OF DEATH

State File No. 13628

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 110	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give town) Moberly		c. LENGTH OF STAY (in this place) township) 1 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Hudson		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION 323 Hagood St.				d. STREET ADDRESS (If rural, give location) 4 Mi. SW of Macon			
3. NAME OF DECEASED (Type or Print) Francis M. Vickery			4. DATE OF DEATH (Month) (Day) (Year) Apr. 25, 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1, 1860		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Ret.		10b. KIND OF BUSINESS OR INDUSTRY Railroad Shops		11. BIRTHPLACE (State or foreign country) Macon Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME A. J. Vickery		13b. MOTHER'S MAIDEN NAME Mary Gaines		14. NAME OF HUSBAND OR WIFE Sarah Jane Vickery			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Elmer Vickery Macon, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Dia 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 Free 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) Moberly Randolph			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 April 22, 1951, to April 25, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 5:40 PM, from the causes and on the date stated above.							
23a. SIGNATURE O O C Smith (Degree or title) MD				23b. ADDRESS Moberly Mo		23c. DATE SIGNED 4-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/27/51	24c. NAME OF CEMETERY OR CREMATORY Concord		24d. LOCATION (City, town, or county) (State) Macon Co., Mo.		
DATE REC'D BY LOCAL REG. Apr 27-51		REGISTRAR'S SIGNATURE Leah Williams		25. FUNERAL DIRECTOR'S SIGNATURE Albert Sk...		ADDRESS Macon Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: APR 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-806
Date Filed: MAY 1 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Thos. L. Bell

Signed.....
Student Embalmer

Licensed Embalmer No. 4552

P. O. Address Macon, 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.