

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15348**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **71**

**1. PLACE OF DEATH**  
 a. COUNTY **Vernon**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nevada**  
 c. LENGTH OF STAY (in this place) **12 year**  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **411 East Walnut**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri**  
 b. COUNTY **Vernon**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nevada**  
 d. STREET ADDRESS (If rural, give location) **411 East Walnut**

**3. NAME OF DECEASED**  
 a. (First) **Vat** b. (Middle) **(Tim)** c. (Last) **Tear**  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
**March 29 1951**

**5. SEX** **M** **6. COLOR OR RACE** **wh**  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Divorced**  
**8. DATE OF BIRTH** **April 14, 1877**  
**9. AGE** (In years last birthday) **73** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 6 HRS: Hours \_\_\_\_\_ Mins. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Miner & Cook**  
**10b. KIND OF BUSINESS OR INDUSTRY** **Coal mining**  
**11. BIRTHPLACE** (State or foreign country) **Boone County, Missouri**  
**12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **Hern** **13b. MOTHER'S MAIDEN NAME** **Martha Ann Patton** **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) **No**  
**16. SOCIAL SECURITY NO.** **614-05-2477** **17. INFORMANT'S SIGNATURE OR NAME** **Mildred Hern Roth** **ADDRESS** **6027 E. 13th Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Hypertensive heart disease & acute left ventricular failure**  
**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**  
**few minutes**

**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)** **Nevada, Mo.**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **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** **3-29 1951**, to **3-29 1951**, that I last saw the deceased alive on **3-29 1951**, and that death occurred at **2:00 P.m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **Broetan Davis, M.D.** **23b. ADDRESS** **Nevada, Mo.** **23c. DATE SIGNED** **3-30-51**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **24b. DATE** **March 31, 1951** **24c. NAME OF CEMETERY OR CREMATORY** **Greenlawn Cemetery** **24d. LOCATION** (City, town, or county) (State) **Rich Hill Missouri**

**DATE REC'D BY LOCAL REG.** **4-14-51** **REGISTRAR'S SIGNATURE** **Anna J. Ferry** **451** **25. FUNERAL DIRECTOR'S SIGNATURE** **Ferry** **ADDRESS** **Nevada, Missouri**

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

1082

1082

BY  
DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 16 1951

Dist. File 437-809

Date Filed 4-18-51

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.....

*R B Perry*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1766

P. O. Address Nevada 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.)

1 If this body is not embalmed, fact should be so stated above.