

# THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

20932

FILED JUN 29 1951

State File No. ....

BIRTH NO. .... REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 48

## 1. PLACE OF DEATH:

a. COUNTY

Perry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 304 W. Ste. Marie

c. LENGTH OF STAY (In this place)

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

a. STATE

Missouri

b. COUNTY

Perry

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

304 W. Ste. Marie St. 0791

d. FULL NAME OF HOSPITAL OR INSTITUTION

Perryville, Mo.

d. STREET ADDRESS (If rural, give location)

Perryville, Mo.

3. NAME OF DECEASED (Type or Print)

a. (First)

Henry

b. (Middle)

Burns

c. (Last)

Vessells

4. DATE OF DEATH (Month) (Day) (Year)

June 13, 1951

5. SEX

Male

6. COLOR OR RACE

White

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

Married

8. DATE OF BIRTH

June 18, 1864

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MTH. Hours Min.

86

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

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (State or foreign country)

Perry County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME

John Vessells

13b. MOTHER'S MAIDEN NAME

Elizabeth Meredith

14. NAME OF HUSBAND OR WIFE

Annie Blechle Vessells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

18. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mrs. Annie Vessells, Perryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.

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

Hypostatic lung congestion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Senile Dementia

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

3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

525x

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)

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 6-7-51, 1951, to 6-13-51, 1951, that I last saw the deceased alive on 6-13-51, 1951, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

*Dr. H. Bailey M.D.*

23b. ADDRESS

Perryville, Mo.

23c. DATE SIGNED

6-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 15, 1951

24c. NAME OF CEMETERY OR CREMATORY

St. Boniface

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

Perryville, Mo.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

*Joe J. Zellmer*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

*Albert Bey, Perryville, Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 27 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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 .....

*Albert Bey*

Signed .....

Student Embalmer

Licensed Embalmer No. *3826*

P. O. Address *Ferryville, 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.