

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24962

FILED AUG 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Lafayette  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa  
c. LENGTH OF STAY (in this place) 82 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION 703 West Mason

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Lafayette  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa  
d. STREET ADDRESS (If rural, give location) 703 West Mason

3. NAME OF DECEASED  
a. (First) Lydia  
b. (Middle) Maude  
c. (Last) Vivion  
4. DATE OF DEATH (Month) (Day) (Year) 8 4 1952

5. SEX Fe / 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married / 8. DATE OF BIRTH Aug 17 1869  
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 11 IF UNDER 12 HRS. Day 17 Hours Min.

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

13a. FATHER'S NAME Mathew W. McNeel  
13b. MOTHER'S MAIDEN NAME Mary A. Wagoner  
14. NAME OF HUSBAND OR WIFE Sam Vivion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Cobb Odessa 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) Cerebral Hemorrhage with left hemiplegia  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension of Arteries  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semituberc

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION No operation  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
21e. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12 1952 to July 4 1952, that I last saw the deceased alive on Aug 4 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Martin  
23b. ADDRESS Odessa Mo  
23c. DATE SIGNED 8-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE Aug 6 1952  
24c. NAME OF CEMETERY OR CREMATORY Cobb Cemetery  
24d. LOCATION (City, town, or county) (State) Odessa Mo.

DATE REC'D BY LOCAL REG. 8-6-1952  
REGISTRAR'S SIGNATURE Emma Davidson  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman Sparks Odessa Mo.  
Funeral Home

(Licensed Embalmer's 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed William T. Spaulk

Signed.....  
Student Embalmer

Licensed Embalmer No. # 4431

P. O. Address Odessa, 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.