

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41411

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3009 Registrar's No. 442

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Guthrie</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kirkville</b>	c. LENGTH OF STAY (In this place) <b>4 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Guthrie Center</b> <b>8140</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>902 Prairie St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gary</b> b. (Middle) <b>James</b> c. (Last) <b>Vail</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 30 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan 31, 1949</b>		9. AGE (In years last birthday) <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>---</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James L. Vail</b>		13b. MOTHER'S MAIDEN NAME <b>Constance Sheridan</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
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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) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <b>Hal Sheridan 200 1st Ave. West Cedar Rapids, Ia.</b>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Acute Lymphatic Leukemia</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Lymphatic Leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>July 1952 -</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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		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)	
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?	

22. I hereby certify that I attended the deceased from 12-27, 1952 to 12-30, 1952, that I last saw the deceased alive on 12-30, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Drace C. Switzer M.D.</b>		23b. ADDRESS <b>Kirkville Mo.</b>		23c. DATE SIGNED <b>12-30-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-30-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Guthrie Center Guthrie Center Iowa</b>	
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DATE REC'D BY LOCAL REG. <b>12-30-52</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sumner Funeral Home, West Mines, Iowa</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

013

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.....

*Robert B. Davis*

Signed.....

Student Embalmer

Licensed Embalmer No. *4219*

P. O. Address *Funkville, 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.