

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 23 1953

No. 300
10-48

REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 14

970
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|-------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>SALINE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-SALT POND</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-SALT POND</u> | |
| c. LENGTH OF STAY (in this place) <u>3 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>3 1/2 MI EAST OF SWEET SPRINGS</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 MILES EAST SWEET SPRINGS</u> | | d. STREET ADDRESS (If rural, give location) <u>3 1/2 MI EAST OF SWEET SPRINGS</u> | |
| 3. NAME OF DECEASED a. (First) <u>HAZEL</u> (Type or Print) | | b. (Middle) <u>CLARA</u> | |
| c. (Last) <u>VICKERY</u> | | 4. DATE OF DEATH <u>MARCH 14 1953</u> (Month) (Day) (Year) | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 26, 1901</u> |
| 9. AGE (In years last birthday) <u>51</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>LEETON, MISSOURI</u> | |
| 13a. FATHER'S NAME <u>CHARLES HUGHES</u> | | 13b. MOTHER'S MAIDEN NAME <u>CLARA BRADEN</u> | |
| 13c. NAME OF HUSBAND OR WIFE <u>KENNETH VICKERY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Vickery Sweet Springs Mo</u> | | ADDRESS <u>Sweet Springs Mo</u> | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma cervix</u> ANTECEDENT CAUSES <u>c metastases to lung -</u> Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>171X</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>At treated Ellis Fischel cancer Hospital 1 yr</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. HOW DID INJURY OCCUR? _____ | |
| 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 <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 <u>13 Mar, 1953</u> , to <u>14 Mar, 1953</u> , that I last saw the deceased alive on <u>14 Mar, 1953</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Ralph H. Dows M.D.</u> | | 23b. ADDRESS <u>Sweet Springs Mo</u> | |
| 23c. DATE SIGNED <u>16 Mar 53</u> | | 23d. NAME OF CEMETERY OR CREMATORY <u>OTTERVILLE CEMETERY</u> | |
| 23e. LOCATION (City, town, or county) <u>OTTERVILLE</u> | | 23f. (State) <u>Mo</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MARCH 17-1953</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>OTTERVILLE CEMETERY</u> | | 24d. LOCATION (City, town, or county) <u>OTTERVILLE</u> | |
| 24e. (State) <u>Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. F. Parker Sweet Springs, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3/16/53</u> | | REGISTRAR'S SIGNATURE <u>Dolly Anderson 293</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. F. Parker Sweet Springs, Mo</u> | | ADDRESS <u>Sweet Springs, Mo</u> | |

APR 16 1953

APR 28 1953

MAR 24 1953

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.