

**STANDARD CERTIFICATE OF DEATH**

State File No. **16928**

FILED JUN 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **186**

1. PLACE OF DEATH a. COUNTY <b>Adair 00130</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Grundy</b>	
b. CITY OR TOWN <b>Farksville</b>		c. CITY OR TOWN <b>Salt.</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Grum-Smith Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dale</b> b. (Middle) <b>S.</b> c. (Last) <b>Vencill</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 8, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec. 14, 1905</b>		9. AGE (In years last birthday) <b>47</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rural Mail Carrier</b>	
11. BIRTHPLACE (State or foreign country) <b>Grundy Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	

13a. FATHER'S NAME <b>Silas Vencill</b>		13b. MOTHER'S MAIDEN NAME <b>Pleach Sampson</b>		14. NAME OF HUSBAND OR WIFE <b>Tressa E. Vencill</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>Civil Service</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Tressa E. Vencill</b> ADDRESS <b>Salt Mo.</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of the Liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs. or more</b>	
		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.				

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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5810</b>		

22. I hereby certify that I attended the deceased from **June 4, 1953**, to **June 8, 1953**, that I last saw the deceased alive on **June 8, 1953**, and that death occurred at **1:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. R. Hudson M.D.</b> (Degree or title)		23b. ADDRESS <b>Farksville, Mo.</b>		23c. DATE SIGNED <b>6-8-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-10-53</b>		24c. NAME OF CEMETERY OR OPERATOR <b>Maple Shore</b>	
24d. LOCATION (City, town, or county) (State) <b>Trenton, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>P. K. Payne &amp; Son</b> ADDRESS <b>Salt Mo.</b>		DATE REC'D BY LOCAL REG. <b>6-8-53</b>	
REGISTRAR'S SIGNATURE <b>Hate Lambert</b>		1-0			

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

AUG 5 1959

FEB 17 1959

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 *Kirkville, Me*

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.