

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23590

State File No.

FILED JUN 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>6111</u>		Registrar's No. <u>78</u>			
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>					
b. CITY OR TOWN <u>RURAL-COMMERCE TWP.</u>		c. LENGTH OF STAY (If in this place) <u>4 YRS.</u>		c. CITY OR TOWN <u>RURAL COMMERCE TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>141 W. OF COMMERCE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MITTIE</u> b. (Middle) <u>CAPE</u> c. (Last) <u>M^{rs} VAY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19 1953</u>					
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>DEC 10, 1882</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			11. BIRTHPLACE (State or foreign country) <u>THOMASTON, GEORGIA</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>JOHN BRADLEY</u>					
13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE BELL</u>				14. NAME OF HUSBAND OR WIFE <u>WILLIAM M^{rs} VAY</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>B. H. M^{rs} Vay</u> ADDRESS <u>Commerce 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u> ANTECEDENT CAUSES <u>Cerebral Thrombosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>1 mo</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio sclerosis</u>				19a. DATE OF OPERATION _____					
19b. MAJOR FINDINGS OF OPERATION <u>generalized</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>260X</u>					
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 <u>May 1, 1947</u> , to <u>June 19, 1953</u> , that I last saw the deceased alive on <u>June 19, 1953</u> and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward D Campbell</u>				23b. ADDRESS <u>Cap Esquadrean MO</u>		23c. DATE SIGNED <u>June 23, 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE</u>		24d. LOCATION (City, town, or county) (State) <u>COMMERCE TWP MISSOURI</u>			
DATE REC'D BY LOCAL REG <u>June 24-53</u>		REGISTRAR'S SIGNATURE <u>Mrs Addie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Hoff Funeral Home</u>		ADDRESS <u>St Louis, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-24-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 653-142

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.....

Oliver O. Smith

Signed.....

Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Idemo, 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.