

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24511**

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 117

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN rural Trenton Twp)		c. CITY (If outside corporate limits, write RURAL and give township) rural Rt.1. Trenton Twp.	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION plainview Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) Trya	b. (Middle) _____	c. (Last) Vail	4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 53
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11/17/1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 9 Days 6	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Roland J. Vail	13b. MOTHER'S MAIDEN NAME Elsie Ann Payne	14. NAME OF HUSBAND OR WIFE XXX
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Kelso ADDRESS Los Angeles, Cal
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION: _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July 20, 1953 to July 23, 1953, that I last saw the deceased alive on July 2, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas W. [Signature]	23b. ADDRESS 11 Trenton Mo	23c. DATE SIGNED 7/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/25th/1953	24c. NAME OF CEMETERY OR CREMATORY K of P cemetery	24d. LOCATION (City, town, or county) (State) Trenton, Mo.
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DATE REC'D BY LOCAL REG. 7-25-53	REGISTRAR'S SIGNATURE Jane Vail	25. FUNERAL DIRECTOR'S SIGNATURE Charles [Signature] ADDRESS Trenton Mo
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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.....

Richard G. Proctor

Licensed Embalmer No. 3109

P. O. Address Keaton 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.