

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31659**

FILED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place) <u>9 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 34</u>		<u>1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ironton</u>				d. STREET ADDRESS (If rural, give location) <u>Three Miles west</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u>		b. (Middle)		c. (Last) <u>Vuichard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-53</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>10-17-1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>6</u>		11. DAYS <u>6</u>		12. HOURS <u>6</u>	
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Bellville, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Unknown Gain</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>John Vuichard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>4500</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bilateral nephritis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition</u>				?	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) making the underlying cause last. DUE TO (b) <u>suspected leg. lfr</u> DUE TO (c) <u>arterio-sclerosis</u>				?	
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) <u>4500</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>9-7</u> , <u>1953</u> , to <u>9-8</u> , <u>1953</u> , that I last saw the deceased alive on <u>9-8</u> , <u>1953</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Harland</u> (Degree or title) <u>mid</u>				23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>9-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Bismarck, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-24-53</u>		REGISTRAR'S SIGNATURE <u>Miss Avis Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shipman &amp; Sons</u>		ADDRESS <u>Bismarck, Mo.</u>	

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

**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

*John N. Shepard*

Licensed Embalmer No. 4881

P. O. Address Bismarck, ND

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.