

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12451**

FILED MAY 11 1954

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>			c. LENGTH OF STAY (in this place) <u>55 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>			<u>0492</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 NORTH WEBB ST.</u>				d. STREET ADDRESS (If rural, give location) <u>218 SOUTH MADISON</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>R.</u>		c. (Last) <u>VEST</u>	
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>6,</u>		(Year) <u>1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DECEMBER 25, 1873</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAILROAD EMP.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NO DATA</u>			13b. MOTHER'S MAIDEN NAME <u>NO DATA</u>			14. NAME OF HUSBAND OR WIFE <u>JULIA ANETTA VEST</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JULIA A. VEST</u> ADDRESS <u>WEBB CITY, MISSOURI</u>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>		DUE TO (b) <u>arteriosclerotic heart disease</u> <u>unknown</u>					
ANTECEDENT CAUSES		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) _____		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>5-6</u> , 19 <u>54</u> , to <u>5-6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>54</u> , and that death occurred at <u>4:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>5-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WEBB CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WEBB CITY, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>5-8-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.</u>			

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

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RECEIVED MAY 10 1954
Jasper County Health Office
County File Number 54-5362
Date Filed MAY 10 1954

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 *James H. Lewis Jr.*

Licensed Embalmer No. 4561

P. O. Address Well City, 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.