No. 300
10.48

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

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21740

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Saline (State School) b. CITY OR TOWN Marshall Rural (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) 3yr. 3mo/6dy d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia P 65304 d. STREET ADDRESS (If rural, give location) 1513 East 10th St.

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Floyd c. (Last) Vickers

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1954

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single **8. DATE OF BIRTH** May 7-1938 **9. AGE** (In years last birthday) 26 IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None **10b. KIND OF BUSINESS OR INDUSTRY** None **11. BIRTHPLACE** (State or foreign country) Tipton, Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Clifton J. Vickers **13b. MOTHER'S MAIDEN NAME** Helen Verena Wolf **14. NAME OF HUSBAND OR WIFE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** State School Records, Marshall, Mo. **ADDRESS**

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) Tuberculosis, Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Palsy — 15 yr.

DUE TO (c) Epileptic — 15 yr.

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** 3533 **20. AUTOPSY?** YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July 5, 1954, *to* July 5, 1954, *that I last saw the deceased alive on* July 5, 1954, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Virgil E. Shade **(Degree or title)** M.D. **23b. ADDRESS** Missouri State School **23c. DATE SIGNED** 7-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** 7/5/54 **24c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery **24d. LOCATION** (City, town, or county) Sedalia **(State)** Mo

DATE REC'D BY LOCAL REG. 7-6-54 **REGISTRAR'S SIGNATURE** Sidney T. Gray 385 **25. FUNERAL DIRECTOR'S SIGNATURE** Burns Funeral Home **ADDRESS** Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed R. E. Baker

Signed _____
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Seelaba Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Embalming Unnecessary Above