

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39326

State File No. ....

FILED NOV 29 1954

Registrar's No. 9791

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9791	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 17 days		c. CITY OR TOWN Dupou,			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) 552 State Street			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) ARTHUR c. (Last) VICKERS			4. DATE OF DEATH (Month) (Day) (Year) October 26, 1954				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 23, 1892	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Fireman		10b. KIND OF BUSINESS OR INDUSTRY MOP Railroad		11. BIRTHPLACE (City and State or Foreign Country) Rector, Arkansas	
						12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Michael Wm. Vickers			13b. MOTHER'S MAIDEN NAME Eliza Ann Fairweather			14. NAME OF HUSBAND OR WIFE Ruth M. Vickers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. World War I 702-16-5202		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth M. Vickers Dupou, Illinois			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Lat Embolism; Fracture right leg, suffered in fall before he added to ground below, at his house in Dupou, Illinois, on October 20, 1954. II. OTHER SIGNIFICANT CONDITIONS Between four and five o'clock pm				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dupou Ill			
21d. TIME OF INJURY Oct 20 54 7:00 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 812 E 901.0			
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at _____ 19____, from the causes and on the date stated above. 21							
23a. SIGNATURE (Degree or title) Patrick C. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10.27.54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 30 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park		24d. LOCATION (City, town, or county) (State) Belleville, Illinois	
DATE REC'D BY LOCAL REG. OCT 28 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur W. Palmer Dupou, Illinois			

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 Harold R. Washburn

Licensed Embalmer No. 4621

P. O. Address 400 S. Main Dupon, Illinois

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.