

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12906**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **3055** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY OR TOWN <b>Bolivar</b>		c. CITY OR TOWN <b>Bolivar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>629 S. Lillian</b>		STREET ADDRESS (If rural, give location) <b>Vine Street 08410</b>	

3. NAME OF DECEASED (First) <b>Mary</b> (Middle) <b>Vickery</b> (Last) _____		4. DATE OF DEATH (Month) <b>April</b> (Day) <b>27</b> (Year) <b>1955</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 19 1874</b>
9. AGE (In years last birthday) <b>80</b>		10. MONTHS <b>8</b> DAYS <b>8</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Near Eudora, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>James M. Morris</b>		13. MOTHER'S MAIDEN NAME <b>Mary Ann Bryson</b>		14. NAME OF HUSBAND OR WIFE <b>John St. Vickery</b>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Roy Vickery</b> ADDRESS <b>Bolivar, Mo</b>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				18. INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs</b>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>				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) _____	
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 **Apr 27, 1955**, to **Apr 27, 1955**, that I last saw the deceased alive on **Apr 27, 1955**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. B. ... M.D.</b> (Degree or title)		23b. ADDRESS <b>Bolivar, Mo</b>		23c. DATE SIGNED <b>4-29-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr 30/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery, Bolivar</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>4-30-1955</b>		REGISTRAR'S SIGNATURE <b>Ralph Gordon</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Green &amp; Blue</b>		ADDRESS <b>Bolivar, Mo</b>	

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

8441

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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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 415  
P. O. Address Belvia,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.