

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12749

State File No. ....

FILED MAY 7 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 145

1. PLACE OF DEATH  
a. COUNTY Cole  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give town(ship))  
Jefferson City  
c. LENGTH OF STAY (In this place)  
c. CITY OR TOWN Jefferson City  
d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
101 Monroe Street  
e. STREET ADDRESS (If rural, give location)  
101 Monroe Street *city*

3. NAME OF DECEASED (Type or Print)  
a. (First) MABEL b. (Middle) ALLEN c. (Last) VAHLE  
4. DATE OF DEATH (Month) (Day) (Year)  
April 29 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married 8. DATE OF BIRTH March 1 1904 9. AGE (In years last birthday) 52  
If UNDER 1 YEAR: Months 1 Days 28 Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife 10b. KIND OF BUSINESS OR INDUSTRY  
Home 11. BIRTHPLACE (City and State or Foreign Country)  
New Bloomfield, Mo. 12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME Conrad G. Gray 13b. MOTHER'S MAIDEN NAME Lucy Hall 14. NAME OF HUSBAND OR WIFE  
Dale Vahle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Clifford Allen-Bolton Drive J. C., Mo

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\* (a) Cause Un determined  
INTERVAL BETWEEN ONSET AND DEATH  
10 Min  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) High Blood Pressure  
DUE TO (c) Cirrhosis of liver  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Unknown

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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)  
444 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_ 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 NEVER, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on D.O.A., 19\_\_\_\_, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) \_\_\_\_\_ 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED \_\_\_\_\_  
William A. Cox M.D. 125 E. High St. Jefferson City Mo. 5-1-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 2nd '56 24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery 24d. LOCATION (City, town, or county) (State)  
New Bloomfield, Missouri

DATE REC'D BY LOCAL REG. 4 May 1956 REGISTRAR'S SIGNATURE R. P. Davis MD-MR 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
James J. James

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.....  
Signature of Student Embalmer

Signed.....  
  
Donald P. Freeman

Licensed Embalmer No...4623  
Jefferson Ci  
P. O. Address...Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.