

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24282

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. LENGTH OF STAY (in this place) All of life	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN Lexington		STREET ADDRESS (If rural, give location) 310 North 18th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 North 18th St.			

3. NAME OF DECEASED (Type or Print) AMELIA	a. (First)	b. (Middle) B.	c. (Last) VOCATE	4. DATE OF DEATH (Month) (Day) (Year) June 27, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 8, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4 Days 19	IF UNDER 24 HRS. Hours 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY on home	11. BIRTHPLACE (City and State, or Foreign Country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Raymond Barrer	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Benjamin F. Vocate
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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 Raymond Vocate	ADDRESS Lexington, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) History of cerebral accid -		
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 4201	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)
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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?
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22. I hereby certify that I attended the deceased from 6/27, 1956, to 6/27, 1956, that I last saw the deceased alive on 6-27, 1956 and that death occurred at 4:45p m., from the causes and on the date stated above.

23a. SIGNATURE Joe W Ward and	(Degree or title) D	23b. ADDRESS Lexington, Mo	23c. DATE SIGNED 7-7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 29, '56	24c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	24d. LOCATION (City, town, or county) (State) Lexington Missouri
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DATE REC'D BY LOCAL REG. 7-13-56	REGISTRAR'S SIGNATURE Wm. S. Santalucia	25. FUNERAL DIRECTOR'S SIGNATURE Forest F. Tempel	ADDRESS Lexington Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Les McKease

Licensed Embalmer No. *298*

P. O. Address *Springfield, Mass.*

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.