No. 300
10.48

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7205

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4479 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Queen City
c. LENGTH OF STAY (in this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. west part of town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Schuyler
c. CITY OR TOWN: Queen City 0980
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Rosie
c. (Last): Vittitoe

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11 '57

5. SEX: Female
6. COLOR OR RACE: White 1
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Dec. 27. 1879
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: —
11. BIRTHPLACE (City and State or Foreign Country): Worthington Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjamin Jefferies
13b. MOTHER'S MAIDEN NAME: Eliza Johnson
14. NAME OF HUSBAND OR WIFE: William Vittitoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Farrell C. Vittitoe — ADDRESS: Las Vegas Nev.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Thrombosis	5 min.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Sclerosis	8 yrs.
DUE TO (c)	Hypertension	8 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Arthritis	10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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) 2

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 8/23/56, 19__, *to* 2/11, 1957, *that I last saw the deceased alive on* 2/7, 1957, *and that death occurred at* 11:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward M. Roberts DC.
23b. ADDRESS: Queen City Mo
23c. DATE SIGNED: 2/14/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 14 '57
24c. NAME OF CEMETERY OR CREMATORY: Queen City Cemetery
24d. LOCATION (City, town, or county) (State): Queen City Missouri

DATE REC'D BY LOCAL REG.: Feb. 14. '57
REGISTRAR'S SIGNATURE: Mrs. A. J. Drake
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Dooley Fnrl Home Queen City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

353
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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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack L. Dooly

Licensed Embalmer No. 46

P. O. Address Queen City

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