

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12367

State File No. ....

FILED MAY 14 1957

BIRTH NO. 68627-56 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5167 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLOWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL LIBERTY TWP</u>	c. LENGTH OF STAY (in this place) <u>6 MON</u>	c. CITY OR TOWN <u>ROUXASSE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE R.T.D. ROUXASSE</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL LIBERTY TWP</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>	b. (Middle) <u>MICHAEL</u>	c. (Last) <u>VESTAL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 6 57</u>
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5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT. 15, 1956</u>	9. AGE (in years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			

13a. FATHER'S NAME <u>BOB VESTAL</u>	13b. MOTHER'S MAIDEN NAME <u>BARBARA MABE</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bob Vestal</u>	ADDRESS <u>Avenue Mo</u>
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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, ashenia, 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) <u>DIARRHEA</u>		<u>3 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>OTITIS MEDIA</u> DUE TO (c)		<u>3 DAYS</u>
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	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 5-4, 1957, to 5-6, 1957, that I last saw the deceased alive on 5-4, 1957, and that death occurred at 4.4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leonard L. Davis, MD</u> (Degree or title)	23b. ADDRESS <u>209 E. Jackson</u>	23c. DATE SIGNED <u>5-6-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/6/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SK.</u>	24d. LOCATION (City, town, or county) (State) <u>Steeleville Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>May 11-1957</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin</u>	ADDRESS <u>Fulton Mo</u>
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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 *Wm. A. Stewart*.....

Licensed Embalmer No. *3722*.....

P. O. Address *Fulton Ms*.....

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.