

Health,  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1957

57 021671  
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 101

300  
-57  
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1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lebanon</b> 532
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wallace Hospital</b>		Length of stay in lb ✓	d. STREET ADDRESS (If outside, give location) <b>285 S. Washington</b>
3. NAME OF DECEASED (Type or print) First <b>Everett</b> Middle <b>L.</b> Last <b>Vernon</b>			4. DATE OF DEATH Month <b>June</b> Day <b>22</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 6, 1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ford Automobile Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>87</b>
13a. FATHER'S NAME <b>L. M. Vernon</b>		13b. MOTHER'S MAIDEN NAME <b>Salinda Duvall</b>	11. BIRTHPLACE (City and state or country) <b>Laclede County, Mo.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. —	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
17. INFORMANT <b>Mrs. I. M. Johnson, Lebanon, Mo.</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Vernon</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic heart disease</b>			<b>20 yrs.</b>
DUE TO (c) <b>4200</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral vascular accident 4 yrs. ago - bedfast since then</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>1949</b> to <b>6-22-57</b> and last saw him alive on <b>6-21-57</b> Death occurred at <b>7:30</b> A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>B. B. Hurst, M.D.</b>		22b. ADDRESS <b>Lebanon, Mo.</b>	22c. DATE SIGNED <b>6-24-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/24/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lebanon City Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Lebanon, Missouri</b>
24. FUNERAL DIRECTOR <b>S. P. Palomy Lebanon mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-24-1957</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Day</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Received 7-1-57  
Laclede County Health Unit  
File No. 101  
Date Filed 7-1-57

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 S. R. Palmer.....

Licensed Embalmer No. 2208  
P. O. Address Lebanon.....

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.