

FILED FEB 4 1958

STANDARD CERTIFICATE OF DEATH

63

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Atchison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Westboro		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital		Length of stay in 1b 10 Da	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Bessie ^{First} Viola ^{Middle} Vinzant ^{Last}			4. DATE OF DEATH Jan-26 ^{Month} ^{Day} 1958 ^{Year}		
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July-20-1885	9. AGE (In years last birthday) 72 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 Retired	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Charles Hartley			14. MOTHER'S MAIDEN NAME Mary Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Reo Charles Vinzant, Westboro, MO ^{Address}		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 15 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pheminitis					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 WORK <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 1/16/58 to 1/26/58 and last saw her alive on 1/25/58 Death occurred at 1:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edward G. Bare MD (Degree or title)			22b. ADDRESS Tankio, Mo		22c. DATE SIGNED 1/25/58
23a. BURIAL, CREMATION, Removal (Specify)	23b. DATE Jan-28-1958	23c. NAME OF CEMETERY OR CREMATORY McKinney Cemetery		23d. LOCATION (City, town, or county) (State) Mercer County, Mo	
24. FUNERAL DIRECTOR Tucker Funeral Home Westboro, Mo ^{ADDRESS}			25. DATE RECD. BY LOCAL REG. Jan 31, 1958		26. REGISTRAR'S SIGNATURE Theroin H. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

This certificate must be filed in the office of the registrar of deaths in the county where the death occurred. It must be filed within 10 days of the death. It must be filed in the office of the registrar of deaths in the county where the death occurred. It must be filed within 10 days of the death.

1961 JAN 17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~body~~ Ashley R Tucker II....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 475

P. O. Address Westboro,

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