THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1958

58-006145
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WEBB CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): JANE CHINN — Length of stay in Ib: 2½ DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 218 S. MADISON — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JOHN Middle: RUSSELL Last: VEST

4. DATE OF DEATH: Month 2 Day 18 Year 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: AUGUST 2,1903
9. AGE (In years last birthday): 54 — 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): SINGER SEWING MACHINE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): WEBB CITY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN USSELL VEST
13b. MOTHER'S MAIDEN NAME: JULIA ANNETTE FLECK
14. NAME OF HUSBAND OR WIFE: LOIS ANN VEST

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W.1
16. SOCIAL SECURITY NO.: 351 22 6160
17. INFORMANT: MRS LOIS ANN VEST Address: WEBB CITY, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Acute
IMMEDIATE CAUSE (a) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 2½ days
DUE TO (c) Arteriosclerosis — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 2-15-58, to 2-18-58 and last saw him alive on 2-18-58
Death occurred at 7:02 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Gregory (Degree or title) MD
22b. ADDRESS: Webb City, Mo.
22c. DATE SIGNED: 2/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-20-1958
23c. NAME OF CEMETERY OR CREMATORY: WEBB CITY CEMETARY
23d. LOCATION (City, town, or county) (State): WEBB CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: HEDGE-LEWIS FUNERAL HOME WEBB CITY Mo
25. DATE RECD. BY LOCAL REG.: 2-20-58
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

County File Number 58-2-124

Date Filed FEB 25 1958

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, Mo.

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.