

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008474

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SWEET SPRINGS <u>0970</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 South Miller		Length of stay in 1b 1 year	d. STREET ADDRESS (If outside, give location) 308 South Miller
3. NAME OF DECEASED (Type or print) First KENNETH Middle CARLTON Last VICKREY		4. DATE OF DEATH FEB. 26, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 23, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm & R. R.	9. AGE (In years last birthday) 63
11. BIRTHPLACE (City and state or country) Sweet Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME W. O. Vickrey		13b. MOTHER'S MAIDEN NAME Effie M. Brown	
14. NAME OF HUSBAND OR WIFE Hazel Hughes Vickrey		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW #1	
16. SOCIAL SECURITY NO.		17. INFORMANT Address JAMES VICKREY, SWEET SPRINGS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 25 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arricular fibrillation			ca 3 mos.
DUE TO (c) Hypertensive Cardiovascular Disease			ca 3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Dec. 1957 to Feb. 1958 and last saw him alive on 2-1-58 . Death occurred at 5:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Sweet Springs, Mo.	
22c. DATE SIGNED 2-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
BURIAL Feb. 28, 1958		IOOF CEMETERY	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
OTTERVILLE, MISSOURI			
24. FUNERAL DIRECTOR L. L. Parker		25. DATE RECD. BY LOCAL REG. Feb. 27, 1958	
ADDRESS SWEET SPRINGS, MO.		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 25 1958

MAR 5 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 *L. J. Parker*

Licensed Embalmer No. 3840

P. O. Address Sweet Springs

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.