

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-010818
 State File No.

FILED APR 7 1958

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) NEOSHO		c. CITY (If outside corporate limits, write RURAL and give township) NEOSHO <u>0732</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 409 Maple St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 409 Maple St.			

3. NAME OF DECEASED (Type or Print) a. (First) VIVIAN b. (Middle) LEVI c. (Last) VASSAR	4. DATE OF DEATH (Month) (Day) (Year) Mar. 24, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 26, 1906	9. AGE (In years last birthday) 51 <small>IF UNDER 1 YEAR Months Days</small> <small>IF UNDER 6 HRS. Hours Min.</small>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor Motor Pool, Ft. Crowder	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Neosho Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jesse Vassar	13b. MOTHER'S MAIDEN NAME Blanche Oaks	14. NAME OF HUSBAND OR WIFE Wilma Kent Vassar
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 486-24-6016	17. INFORMANT'S SIGNATURE OR NAME Wilma Vassar, Neosho Missouri	ADDRESS
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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, asthma, 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) Malignant Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Nephrosclerosis DUE TO (c)		
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) Neosho Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from January, 1958, to Mar 24, 1958, that I last saw the deceased alive on Mar 24, 1958, and that death occurred at 9:50 P m., from the causes and on the date stated above.

23a. SIGNATURE George C. Oline, M.D. (Degree or title)	23b. ADDRESS Neosho, Mo	23c. DATE SIGNED 25 Mar 58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-27-1958	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Neosho Missouri
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DATE REC'D BY LOCAL REG. 3-29-58	REGISTRAR'S SIGNATURE Malvin C. Bowman	FUNERAL DIRECTOR'S SIGNATURE Lesley Thompson Sr.	ADDRESS Neosho Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Newton

District File Number 458-43

Date Filed MAR 5 1958

MAR 9 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 _____
Student Embalmer

Signed Carey Thompson Sr.
Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

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 this body is not embalmed, fact should be so stated above.