

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021718

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 137 Primary Registration District No. 5509 Registrar's No. 834

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dear Creek Twp</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Calhoun</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lewis Station</u>	Length of stay in lb <u>1 yr.</u>	d. STREET ADDRESS (If outside, give location) <u>R 7 D # 1</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>P</u> Last <u>VESTAL</u>			4. DATE OF DEATH Month <u>June</u> Day <u>25</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 6 - 1880</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>La Cade County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Nathan D Vestal</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Ford</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Vestal</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Hattie Vestal</u> Address <u>Calhoun Mo Rt 1</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Nephrosclerosis - uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>10 yrs.</u>
DUE TO (b) <u>Diabetes</u>			
DUE TO (c) <u>250X</u>			
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 _____ Month, Day, Year _____ 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 <u>Mar 24, 58</u> , to <u>June 25</u> and last saw ^{her} _{him} alive on <u>June 25 58</u> Death occurred at <u>10⁰⁰ am June 25</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>W.W. Bradshaw, M.D.</u>		22b. ADDRESS <u>Clinton, Mo.</u>		22c. DATE SIGNED <u>6-26-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/27/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Menard Creek</u>	23d. LOCATION (City, town, or county) <u>Clinton</u>	(State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>SCHABERG FUNERAL HOME</u>		ADDRESS <u>Clinton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-27-58</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

214 SO. SECOND PHL 454

(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.

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 _____

F. J. Schaberg

Licensed Embalmer No. 4513

P. O. Address. Clinton, N.

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.