

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026184  
STATE FILE NUMBER

FILED AUG 7 1958 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 333

S. 300

P. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. COUNTY LINN.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MARCELINE 0580 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FLORENCE REST HOME Length of stay in lb 9da		d. STREET ADDRESS RFD (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle E Last VAIL			4. DATE OF DEATH 7/17/58 Month Day Year
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/12/1878
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 0 Days 5	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	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME ANDREW WALTERS	
13b. MOTHER'S MAIDEN NAME SOFIA SCHEELE		14. NAME OF HUSBAND OR WIFE FRANK VAIL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT FRANK VAIL MARCELINE, 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 Hemorrhage DUE TO (b) Arterio sclerosis and hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 33/X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH immediate indefinite
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 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 March 20/57 to July 17/57 and last saw her alive on July 17th, 1957 Death occurred at Marceline, Mo. 3:00PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Otis Carr (Degree or title) J.O. 2		22b. ADDRESS Marceline Mo.	
22c. DATE SIGNED 7/18/58		22d. DATE 7-18-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 7/19/58	
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET		23d. LOCATION (City, town, or county) MARCELINE, MO	
24. FUNERAL DIRECTOR James M. Laughlin Marceline, Mo.		25. DATE RECD. BY LOCAL REG. 7-19-58	
26. REGISTRAR'S SIGNATURE Brooke Owens			

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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 Gerald I Wade

Licensed Embalmer No. 4172  
P. O. Address Brown

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.