

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038547
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 30

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 0970
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 326 Spring st		Length of stay in 1b 4 yrs	d. STREET ADDRESS (If outside, give location) 326 Spring st
3. NAME OF DECEASED (Type or print) First Effie Middle Maude Last Vickrey		4. DATE OF DEATH Month Nov. Day 3 Year 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 Nov. 25, 1875	9. AGE (In years last birthday) 82	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Sweet Springs mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME John Brown	13b. MOTHER'S MAIDEN NAME Catherine Brown	14. NAME OF HUSBAND OR WIFE William Vickrey
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. 4920486120	17. INFORMANT Address Mrs Harry Hayworth, 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 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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 11:35 PM to 11:35 PM and last saw her alive on 11-3-58 Death occurred on 7:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Charles A. Dorley M.D.	22b. ADDRESS Sweet Springs, Mo	22c. DATE SIGNED 11-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Blackwater Chapel
23d. LOCATION (City, town, or county) Sweet Springs, Mo		(State)

24. FUNERAL DIRECTOR Chas L Moseley, Sweet Springs, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov. 4, 1958	26. REGISTRAR'S SIGNATURE Mary Moseley
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All causes in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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 *Edgar L. Moseley*
Licensed Embalmer No. *4711*
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.