

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040713  
STATE FILE NUMBER

FILED NOV 20 1958

Registration District No. 200

Primary Registration District No. 4310

Registrar's No. 106

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MACON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bevier</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bevier</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>—</u>		Length of stay in 1b <u>—</u>	d. STREET ADDRESS <u>0610</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>WILLIAM</u> Last <u>VESTAL</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>31</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>JAN 12-1878</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINE FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINING (COAL)</u>	11. BIRTHPLACE (City and state or country) <u>ARDMORE Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Wm Marion Vestal</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>Lou Peterson 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>491-14-3309</u>	17. INFORMANT <u>Mrs. J.W. Vestal Bevier Mo</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>metastatic carcinoma</u> <u>primary site</u> <u>decending colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 YRS</u>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
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"/> <u>e</u>		
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.) <u>1532</u>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>1953</u> to <u>Nov. 1, 1958</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Nov. 1, 1958</u> Death occurred at <u>3:00</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>C. L. Nurdan</u> (Degree or title) <u>D. O.</u>			22b. ADDRESS <u>Macon, Missouri</u>		22c. DATE SIGNED <u>11-14-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-3-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WEST OAKWOOD</u>		23d. LOCATION (City, town, or county) <u>BEVIER</u>	(State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>W. J. Edwards</u>		ADDRESS <u>Bevier Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11/15/58</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>		

(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.

No. of symptoms will be listed.

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 *H. G. Edwards* .....

Licensed Embalmer No. *1961* .....

P. O. Address *Revere, Ma.* .....

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.