

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041015

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 274 Primary Registration District No. 5923 Registrar's No. 450

5. 800
1-57

GILL ESPIE FUNERAL HOME

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 3218
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bellaire Vista Home 1		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 1720 Bellaire
3. NAME OF DECEASED (Type or print) First Middle Last EPHRIAN VESTAL		4. DATE OF DEATH Month Day Year Nov. 29, 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 checked="" type="checkbox"/>	8. DATE OF BIRTH March 6, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) Laclede County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nathan D. Vestal		13b. MOTHER'S MAIDEN NAME Melissa Ford	
14. NAME OF HUSBAND OR WIFE Myrtle Vestal		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. None Given		17. INFORMANT Mildred Vestal, 700 W. 3rd, Sedalia, 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) CORONARY OCCLUSION DUE TO (b) CHRONIC MYOCARDITIS AND DUE TO (c) ARTERIO SCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility -			INTERVAL BETWEEN ONSET AND DEATH 4201
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.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Sedalia, Mo.		20f. COUNTY STATE	
21. I attended the deceased from NOV-21-58 to DEATH and last saw her alive on 25 NOV-58 Death occurred at 4:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In full name, degree or title) Paul D. Jones MD	
22b. ADDRESS Sedalia, Mo.		22c. DATE SIGNED Dec-1-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Crown Hill
23d. LOCATION (City, town, or county) Sedalia, Missouri		23e. STATE	
24. FUNERAL DIRECTOR D. W. Heckart, Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. Dec 2 1958	
26. REGISTRAR'S SIGNATURE Frances Helby			

JACOB J. STEPHENSON, EMBALMER

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 *Alv Steckart*

Licensed Embalmer No.....3470.....

P. O. Address.....Sedalia, Mo.....

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.