

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043164

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 4 Primary Registration District No. \_\_\_\_\_ Registrar's No. 102

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fairfax. Mo.</b>		c. CITY OR TOWN <b>Rock Port.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fairfax Co. Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>none</b>	
Length of stay in lb <b>5 Days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>Dollie Leora Vernon</b>			4. DATE OF DEATH Month Day Year <b>12-26-1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-18-1902</b>
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Rock Port. Mo.,</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>Mont Huff</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Harris</b>		14. NAME OF HUSBAND OR WIFE <b>Lee Vernon (dec)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>515-14-7066</b>	
17. INFORMANT <b>Oscar Vernon, Tarkio. Mo.</b>		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) <b>cerebro-vascular accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>marked hypertensive arteriosclerotic cardio-vascular disease.</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) <b>443x</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>5-3-1955</b> to <b>12-26-58</b> and last saw her/him alive on <b>12-26-58</b> Death occurred at <b>10:25 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <i>Edw. Wiedemeyer</i>		22b. ADDRESS <b>Tarkio, Missouri</b>	
21c. DATE SIGNED <b>12-29-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-29-1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood. Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Rock Port. Mo.,</b>	
24. FUNERAL DIRECTOR <b>Bartholomew Mortuary, Rockport.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 6, 1959</b>	
26. REGISTRAR'S SIGNATURE <i>Marvin H. Schooker</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Deaf, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Gret Bantalone* .....  
Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.