

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008861

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5317 Registrar's No. 42

1. PLACE OF DEATH  
a. COUNTY Cooper  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kelly TWP Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Miles South Bunceton Life time Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Cooper  
c. CITY OR TOWN Bunceton Inside Limits Yes  No   
d. STREET ADDRESS 4 Miles South Bunceton (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
Arthur Edwin Vick

4. DATE OF DEATH Month Day Year  
March 25, 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH March 22, 1890 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days Hours Min. 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Bunceton, Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Francis Vick 13b. MOTHER'S MAIDEN NAME Mary Jane Goodwin 14. NAME OF HUSBAND OR WIFE

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 17. INFORMANT Mrs George Harned Address Bunceton, 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) Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Decompensated Acute Cor Pulmonale sudden  
DUE TO (c) Lobar Pneumonia 490X  
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  NO  2

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE WORK  AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 20f. CITY, TOWN, OR LOCATION Bunceton COUNTY Cooper STATE Mo.

21. I attended the deceased from 3-23-59 to 3-25-59 and last saw him alive on 3-24-59  
Death occurred at 6:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard W. Collison D.O. 2 22b. ADDRESS Bunceton, Mo. 22c. DATE SIGNED 3-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 27, 1959 23c. NAME OF CEMETERY OR CREMATORY Bunceton Masonic 23d. LOCATION (City, town, or county) (State) Bunceton, Missouri

24. FUNERAL DIRECTOR James E. Richard ADDRESS Tipton, Mo. 25. DATE RECD. BY LOCAL REG. 3/27/59 26. REGISTRAR'S SIGNATURE [Signature]

(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.

300

-57

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 *James E. Richards* .....

Licensed Embalmer No....2466.....  
P. O. Address.....Tipton, 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.