

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019729

XC 13929017

FILED JUN 1 1959

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 2 4837

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		c. CITY OR TOWN ST LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in lb 64 DAYS	
d. STREET ADDRESS 1482 SHAWMUT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN W. VERNOR			4. DATE OF DEATH Month Day Year MAY 15 1959
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/2/22
9. AGE (In years last birthday) 36	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) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) RIPLEY, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME WILLIAM VERNOR		13b. MOTHER'S MAIDEN NAME HEANNIE THOMAS	14. NAME OF HUSBAND OR WIFE DOROTHY VERNOR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If Yes, give branch or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 426-28-8363	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS 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) MALIGNANT HYPERTENSION			INTERVAL BETWEEN ONSET AND DEATH 2-3 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE DUE TO (c) TERMINAL KIDNEY FAILURE WITH UREMIA, TERMINAL CONGESTIVE HEART FAILURE, CONGESTION LUNGS & LIVER			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GASTRITIS WITH SUPERFICIAL ULCERATION OF GASTRIC MUCOSA			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 441x	
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 VA		COUNTY STATE	
21. I attended the deceased from 3/12/59 to 5/15/59 and last saw him alive on 5/15/59 Death occurred at 9:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. HOSFORD (Degree or title)		22b. ADDRESS M.D. VAH, ST. LOUIS, MISSOURI	22c. DATE SIGNED 5/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-19-19	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) St. Louis Co.		(State)	
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney		25. DATE RECD. BY LOCAL REG. MAY 18 '59	
26. REGISTRAR'S SIGNATURE Doree Pearl Smith. M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edward A. Flynn*

Licensed Embalmer No. 4444

P. O. Address *St. Louis*
4202 Finney

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.