

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-024410

FILED VS. AUG 11 1959 **53**

Primary Registration District No. **3010**

Registrar's No. **271**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b	c. CITY OR TOWN <b>Bloomfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Missouri</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Highway 25</b>	
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>Lehman</b> Last <b>Vernon</b>			4. DATE OF DEATH Month <b>July</b> Day <b>27</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-7-96</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>20</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Dexter, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Charles A. Vernon</b>		13b. MOTHER'S MAIDEN NAME <b>Lissa Lehman</b>		14. NAME OF HUSBAND OR WIFE <b>Josie Vernon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-01-9250</b>	17. INFORMANT Address <b>Mrs. Josie Vernon, Bloomfield, Mo.</b>		
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>Acute Coronary occlusion &amp; myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>					
20d. INJURY OCCURRED WHILE AT WORK <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>7/24/59</b> to <b>7/27/59</b> and last saw him alive on <b>7/27/59</b> Death occurred at <b>11:15 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>H. Kerner MD</b> (Degree, or title)			22b. ADDRESS <b>Cape Girardeau Mo</b>		22c. DATE SIGNED <b>8/4/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-29-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>		23d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>
24. FUNERAL DIRECTOR <b>Strickland-Rainey Dexter, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8-5-1959</b>		26. REGISTRAR'S SIGNATURE <b>Jane Kasten</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 12 1969

JAN 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Weymouth, MA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.