MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 6 1959

59–032703
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 424

DED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence
Length of stay in 1b: 7 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Indep. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 316 South Grand
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Alice Last: Vernon
4. DATE OF DEATH: Month Day Year: September 29, 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-2-1878
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home Maker
11. BIRTHPLACE (City and state or country): West Fork-Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Maynon
13b. MOTHER'S MAIDEN NAME: Martina Harp
14. NAME OF HUSBAND OR WIFE: James William Vernon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Curtis A. Vernon Address: Independence, Mo

MEDICAL CERTIFICATION

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 1:55 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS: 1034 Rialto Bldg
22c. DATE SIGNED: 9-30-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 1, 1959
23c. NAME OF CEMETERY OR CREMATORY: Stewartsville
23d. LOCATION (City, town, or county) (State): Stewartsville, Missouri
24. FUNERAL DIRECTOR: Roland R. Speaks ADDRESS: Independence, Missouri
25. DATE RECD. BY LOCAL REG.: 10-1-1959
26. REGISTRAR'S SIGNATURE: James D. Craig

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Rollie Tessel

Signature of Student Embalmer

Licensed Embalmer No. 4690

P. O. Address Indep. M

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