JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 0 1960 325

-60-009467
STATE FILE NUMBER

ENDED

Registration District No. _____ Primary Registration District No. 4480 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Green Top — Length of stay in 1b: 6 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nursing home — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Putnam
c. CITY OR TOWN: Rural-Elm Tmp. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Worthington, Mo. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Noah — Middle: - — Last: Vestal

4. DATE OF DEATH: Month: Feb. Day: 12 Year: 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-6-66
9. AGE (last birthday): 93
IF UNDER 1 YEAR: Months: 2 Days: 6 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Putnam Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: William Vestal
13b. MOTHER'S MAIDEN NAME: Charlette Branscom
14. NAME OF HUSBAND OR WIFE: Unk.

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: Mrs. Roe Addington — Address: Worthington 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): ~~[illegible]~~ Medullary failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral anoxia
DUE TO (c): Cerebral thrombosis
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): Generalized Arteriosclerosis

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 8:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Brock DO
22b. ADDRESS: Greentop, Mo
22c. DATE SIGNED: 2-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: Feb. 14-60
23c. NAME OF CEMETERY OR CREMATORY: Rose Cem
23d. LOCATION (City, town, or county) (State): Putnam Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: F.O. Husted & Son - Unionville, Mo.
25. DATE RECD. BY LOCAL REG.: 2. 25 1960
26. REGISTRAR'S SIGNATURE: Ora. A. J. Drake.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — 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_____

Signature of Student Embalmer

Licensed Embalmer No. 3304

P. O. Address Unionville

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