

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS MAY 2 1960

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3010

179

-60-014478

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>Alexander</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Cape Girardeau</b>		Length of stay in lb <b>1 Day</b>		c. CITY OR TOWN <b>Rural Road Dist 1A</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Southeast Mo. Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>none</b>	
3. NAME OF DECEASED (Type or print) First <b>Clede</b> Middle _____ Last <b>Vick</b>				4. DATE OF DEATH Month <b>April</b> Day <b>28</b> Year <b>1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>12.25.1880</b>	9. AGE (last birthday) <b>79</b>	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) <b>Grocery Store Owner</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>	11. BIRTHPLACE (City and state or country) <b>Mill Creek, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George Vick</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret McCrite</b>		14. NAME OF HUSBAND OR WIFE <b>Maggie Vick</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>None</b>	17. INFORMANT <b>Mrs. Maggie Vick Olive Branch Ill.</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>Arteriosclerotic Ht disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2yr</b>
DUE TO (b) <b>Gen. Arteriosclerosis</b>							<b>2+y'</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) <b>Diabetes mellitus</b>							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 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 _____ a.m. _____ p.m. _____ Month, Day, Year _____							
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>5-27-59</b> to <b>4-28-60</b> and last saw him alive on <b>4/27/60</b> Death occurred at <b>5 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>H. Holdings MD</b>				22b. ADDRESS <b>Cape Girardeau, Mo.</b>		22c. DATE SIGNED <b>4-28-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5.1.1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mill Creek Ill.</b>			
24. FUNERAL DIRECTOR <b>Crain Norris Anna, Ill.</b>			25. DATE RECD. BY LOCAL REG. <b>4-29-60</b>		26. REGISTRAR'S SIGNATURE <b>Gene Kaster</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 4 1980

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 Neil H. Grosshuder

Licensed Embalmer No. 4994

P. O. Address Eye Guardian

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.