

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 9 1960

=60-014522

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 21

DED

1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Chariton												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		Length of stay in 1b aprox life		c. CITY OR TOWN Salisbury		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF HOSPITAL OR INSTITUTION South Hutchinson St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) South Hutchinson St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) Vaugnoible First Hayes Middle ----- Last				4. DATE OF DEATH April 30, 1960 Month April Day 30 Year 1960												
5. SEX Female	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 2/7/36	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Chariton County, Mo.		12. CITIZEN OF WHAT COUNTRY USA									
13. FATHER'S NAME Oscar Pristoe			13b. MOTHER'S MAIDEN NAME Inez Jackson			14. NAME OF HUSBAND OR WIFE SFC Carl Hayes										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Inez Jackson, Salisbury, Mo. Address											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Eclampsia DUE TO (b) Toxemia of Pregnancy DUE TO (c) ----- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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. <input checked="" 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 ----- 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 April 29, 1960 to April 30, 1960 Death occurred at home (1) I last saw her live on April 29, 1960 on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS Salisbury, Mo.				22c. DATE SIGNED 4/30/60 (State)								
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 3, 1960		23c. NAME OF CEMETERY OR CREMATORY Dalton Cemetery		23d. LOCATION (City, town, or county) Dalton, Missouri (State)										
24. FUNERAL DIRECTOR Chas B Winbelmeyer, Salisbury Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 5-3-60		26. REGISTRAR'S SIGNATURE [Signature]										

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 _____

Signature of Student Embalmer

Signed

Chas B Wilhelm

Licensed Embalmer No. 384

P. O. Address Salisbury

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