

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043046

FILED VS NOV 28 1960 274

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 392

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> Length of stay in lb <u>8 Years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>900 East 6th St.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>900 East 6th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>ANNIE ELIZABETH VICKREY</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>November 21, 1960</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1-2-1874</u>	<b>9. AGE (last birthday)</b> IF UNDER 1 YEAR IF UNDER 24 HR <u>86</u> Months Days Hours Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Henry County, Missouri</u>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>		<b>13a. FATHER'S NAME</b> <u>Roet Garrett</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lou Russell</u>			
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Wyatt Augusta Vickrey</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)					
<b>16. SOCIAL SECURITY NO.</b>				<b>17. INFORMANT</b> Address <u>Orville Vickrey 1822 East 9th St.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CEREBRAL HEMORRHAGE</u> DUE TO (c) <u>METASTATIC SARCOMA LEFT OPTIC</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 HRS.</u>  <u>16 HRS.</u>  <u>5 YRS.</u>		
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"/> N. <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE			
<b>21. I attended the deceased from</b> <u>3-16-49</u> to <u>11-21-60</u> and last saw her/him alive on <u>11-21-60</u> Death occurred at <u>7:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>J. Maunders J.O.</u>				<b>22b. ADDRESS</b> <u>Sedalia, Mo.</u>			
<b>22c. DATE SIGNED</b> <u>11/22/60</u>							
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Nov. 25, 1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>			
<b>23d. LOCATION</b> (City, town, or county) (State) <u>Sedalia, Missouri</u>							
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>D.W. Heckart Sedalia, Missouri</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>11-23-1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Francis Shelby</u>		

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

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.