

FILED VS MAR 13 1961 318 Primary Registration District No. 1003 Registrar's No.

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY City of St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 2 days	c. CITY OR TOWN Miami, Okla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frisco Employes Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 109 "G", Southwest		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Jease</i> Middle <i>Lee</i> Last <i>Vail</i>			4. DATE OF DEATH Month <i>Feb.</i> Day <i>24</i> Year <i>1961</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>2/4/95</i>	9. AGE (last birthday) <i>66</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Agent - retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and state or country) <i>TENN.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>Rufus Vail</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>ORA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>---</i>	17. INFORMANT Address <i>Mrs. Ora Vail - Miami, Oklahoma</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH <i>1 DAY</i>
IMMEDIATE CAUSE (a) <i>CORONARY OCCLUSION</i>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>ARTERIO SCLEROTIC HEART DISEASE</i>					
DUE TO (c) <i>420.0</i>					
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"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <i>---</i> a.m. <i>---</i> 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 <i>FEB 23 1961</i> to <i>FEB 24 1961</i> and last saw him alive on <i>FEB 24 1961</i> . Death occurred at <i>2:50</i> <i>P</i> .m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature] M.D.</i>			22b. ADDRESS <i>FRISCO HOSPITAL ST LOUIS MO</i>		22c. DATE SIGNED <i>2-24-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-25-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>G.A.R. Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Miami, Okla.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Albert H. Hoppe, Inc., 4700 Washington Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 25 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>		

BY AFFIDAVIT OF

MAR 14 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howey Kable

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.