MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-028606
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 5200 Registrar's No. 81

FILED SEP 13 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wakenda Township — Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6 ml. south Carrollton — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Carroll
c. CITY OR TOWN: Carrollton, RFD # 5 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 9 miles south — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Archie Middle: W. Last: Vassar
4. DATE OF DEATH: Month: August Day: 30 Year: ,1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-26-1894
9. AGE (last birthday): 67 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edward W. Vassar
13b. MOTHER'S MAIDEN NAME: Dorinda Zinn
14. NAME OF HUSBAND OR WIFE: Hilda Anlener
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Archie Vassar — Address: Carrollton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Internal Injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Farmer Tractor accident
DUE TO (c):
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. ☐ 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.) Tractor bucked after hitting stump, pitching deceased under wheels
20c. TIME OF INJURY: Hour a.m. p.m. AM Month, Day, Year: Aug 30, 1961
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.): FIELD, on FARM
20f. CITY, TOWN, OR LOCATION: Carrollton, Mo. COUNTY: Carroll STATE: Mo.

21. I attended the deceased from after death — Coroner call and last saw her/him alive on
Death occurred at some time in AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Everett L. Smith DO. Coroner Carroll Co.
22b. ADDRESS: 10 N. 9th St. Carrollton, Mo.
22c. DATE SIGNED: 9-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-2-1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Carrollton, Mo.

24. FUNERAL DIRECTOR ADDRESS: Gibson Funeral Home Carrollton, Mo.
25. DATE RECD. BY LOCAL REG.: 9-2-61
26. REGISTRAR'S SIGNATURE: Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

SEP 14 1961

SEP 22 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 James F. Tilson

Licensed Embalmer No. 5076

P. O. Address Carrollton, 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.