

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045536

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 199

AMENDED

FILED JAN 2 1961

| | | | | | | | | |
|--|--|---|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Macon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Macon | | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Macon | | Length of stay in 1b | | c. CITY OR TOWN Macon | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 827 Vine St. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 827 Vine | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Emmerson Taylor Vestal | | | 4. DATE OF DEATH Month Day Year Dec. 12 1961 | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 4/20/1877 | 9. AGE (last birthday) 84 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce, retired | | 10b. KIND OF BUSINESS OR INDUSTRY Stamper's | | 11. BIRTHPLACE (City and state or country) Macon Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME Thomas A. Vestal | | | 13b. MOTHER'S MAIDEN NAME Kiturah Lyle | | 14. NAME OF HUSBAND OR WIFE Lillian Ann | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 17. INFORMANT Address Mrs. Gladys Skinner Macon, Mo. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 hrs. | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Arteriosclerotic Heart Disease | | | | | | Unknown | | |
| DUE TO (c) | | | | | | | | |
| 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 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 Dec 12 to same and last saw her/him alive on same Death occurred at 12:45 p m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) James E. Campbell M.D. | | | | 22b. ADDRESS Macon, Mo. | | 22c. DATE SIGNED 12/18/61 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-14-1961 | 23c. NAME OF CEMETERY OR CREMATORY Oakwood | | 23d. LOCATION (City, town, or county) (State) Macon Mo. | | | |
| FUNERAL DIRECTOR ADDRESS R. Lester Bram | | 25. DATE RECD. BY LOCAL REG. 12/28/61 | | 26. REGISTRAR'S SIGNATURE Ruth M. Neely | | | | |

DATE AWIENVED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Philip E. Bram, Student Embalmer No. 643

working under my personal supervision.

Student Philip E. Bram
Signature of Student Embalmer

Signed R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Waco, 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.