

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045763

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 972 Primary Registration District No. 5912 Registrar's No. 3

STATE FILE NUMBER

FILED JAN 17 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cammiel</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cammiel</u>                     |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stube R#2</u>   |   | c. CITY OR TOWN <u>Stube</u>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Virginia Hosp</u>   |   | d. STREET ADDRESS (If outside, give location) <u>Rt 2</u>  |   |
| 3. NAME OF DECEASED (Type or print) <u>Tommie Eugene Vickers</u>   |   | 4. DATE OF DEATH <u>12-27-61</u>   |   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-23-61</u>                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <u>Sheffield Ala</u> |
| 13a. FATHER'S NAME <u>Thomas E Vickers</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Bettie Jean Buren</u>   | 14. NAME OF HUSBAND OR WIFE                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |   | 16. SOCIAL SECURITY NO.  | 17. INFORMANT <u>Thomas E Vickers</u> Address <u>Stube R2</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>                    |
| 19. WAS AUTOPSY PERFORMED? YES <input 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 _____ 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 <u>12-27-61</u> to <u>12-27-61</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>12-27-61</u><br>Death occurred at <u>4:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE <u>[Signature]</u> (degree or title)  |   | 22b. ADDRESS <u>Stube, Mo</u>  |   |
| 22c. DATE SIGNED <u>12-30-61</u>   |   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE <u>12-28-61</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>  | 23d. LOCATION (City, town, or county) <u>Stube Mo</u> (State)   |
| 24. FUNERAL DIRECTOR <u>Hermon Funeral Home</u> ADDRESS <u>Stube</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>1-6-62</u>   | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>                    |

**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 Orat Embelmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.