

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021737

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 96

FILED MAY 9 9 1962

|                     |      |              |  |
|---------------------|------|--------------|--|
| VS 300<br>Rev. 4/59 |      | DATE AMENDED |  |
| 11085               |      |              |  |
| 21085               |      |              |  |
| 3                   |      |              |  |
| 4                   | 1    |              |  |
| 5                   | 2    |              |  |
| 6                   |      |              |  |
| 7                   | 0    |              |  |
| 8                   | 2    |              |  |
| 9                   | 4200 |              |  |
| 10                  |      |              |  |
| 11                  |      |              |  |
| 12                  | 1-0  |              |  |
| 13                  | 1-0  |              |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Nevada</u>   |   | Length of stay in lb<br><u>61</u> years   | c. CITY OR TOWN <u>Nevada</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>416 South Cedar</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>FRANCES</u> Middle <u>MAUDE</u> Last <u>VALLETTE</u>   |   | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>14</u> Year <u>1962</u>   |  |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>Wh</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-18-1873</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Greenfield, Missouri</u>  |
| 13a. FATHER'S NAME<br><u>William Kinney</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Day</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Ernest B. Vallette, Dcsd.</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |   | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br><u>Miss Frances Vallette, Nevada, Missouri</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>Arteriosclerotic Heart Disease</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u><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)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 years</u><br><u>3 years +</u>   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____  |   |   |  |
| 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>April 2, 1960</u> to <u>May 14, 1962</u> and last saw her <u>alive</u> on <u>May 14, 1962</u><br>Death occurred at <u>5:40</u> a <u>m</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE (Degree, if title)<br><u>Ray W. [Signature]</u>   |   | 22b. ADDRESS<br><u>Nevee Bldg Nevada, Mo</u>  | 22c. DATE SIGNED<br><u>5/16/62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>May 15, 1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Newton Burial Park</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Nevada Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>Ferry Funeral Home</u>  |   | ADDRESS<br><u>Nevada, Missouri</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>5-23-1962</u>   |
|  |   |   | 26. REGISTRAR'S SIGNATURE<br><u>Anna E. Ferry</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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed S. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

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.