

24-9923

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031475
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 401

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

17005
27005

3

4 0

5 2

6

7 1

8 1

9/65X

10

11

12/ - 0

13/ - 0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b 1 month	c. CITY OR TOWN Independence Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanitarium and Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1002 S. Emery Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Albert Middle A. Last Vlach		4. DATE OF DEATH Month August Day 22 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-7-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Albert Vlach		13b. MOTHER'S MAIDEN NAME DeLa Chaunce	14. NAME OF HUSBAND OR WIFE Helen C. Vlach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Albert B. Vlach		Address 1002 S. Emery Indep.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of lung, metastatic			1 year
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 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 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 7-31-62 to 8-22-62 and last saw her alive on 8-21-62 @ 9:30 p.m. Death occurred at 8-22-62 at 1:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Albert B. Vlach, M.D.</i>		22b. ADDRESS 10901 Winner Road, Independence, Mo.	22c. DATE SIGNED 8/22/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE August 22, 1962	23c. NAME OF CEMETERY OR CREMATORY Decaturville Cemetery	23d. LOCATION (City, town, or county) (State) Decaturville, Missouri
24. FUNERAL DIRECTOR Hedges Funeral Home		ADDRESS Camdenton, Mo.	25. DATE RECD. BY LOCAL REG. 8-22-62
		26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>	

USE BLACK INK OR TYPEWRITER RIBBON

AUG 30 1962

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 Don D. Lindsey, Student Embalmer No. 649

working under my personal supervision

Student Don D. Lindsey
Signature of Student Embalmer

Signed Roland T. Speaks

Licensed Embalmer No. 3604

P. O. Address Staley 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.