

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4047

Do not use this space.

## 1. PLACE OF DEATH

(a) County Sullivan Registration District No. 853  
 (b) Township Polk Primary Registration District No. 6120 Registered No. ....  
 (c) City Wilton (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Vesta Ann Cavenee  
 (a) Residence, No. Wilton, Mo. St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF William Cavenee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1864

7. AGE YEARS 75 MONTHS 5 DAYS 15 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri (STATE OR COUNTRY)

FATHER 13. NAME Peter Cassity

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Almeda Hill

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mrs. Ella Antolan (ADDRESS) Lyons, Kansas

18. DIGITAL, CREMATION, OR REMOVAL Shattolem, Mo. DATE Jan. 14, 1940

19. FUNERAL DIRECTOR C. A. Schwene (ADDRESS) Wilton, Mo.

20. FILED Feb 5, 1940 Clw Hagan Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1940

22. HEREBY CERTIFY That I attended deceased from Jan, 1940, to Jan 12, 1940

I last saw him alive on Jan 12, 1940. Death is said

to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Arteriosclerotic 9/40

Other contributory causes of importance: 940

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Quinn H. Beebe M.D.

(Address) Wilton, Mo.

RECEIVED

District Health Officer No. 10

District File Number 2-40-342

Date Filed FEB 8 1940

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schaefer, Licensed Embalmer No. 2016

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by .....  
working under my personal supervision.

Signed Frank D. Schaefer, Registered Apprentice No. ....  
Licensed Embalmer No. 2016

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.)