MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0027381 STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 1054

FILED AUG 9 1967

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0550
2 0940
3 2
4 1
5 2
6
7 0
8 1
9 4 9 1 X
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11
12 9 3 - 0
13 2 - 0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

See items 10ab and 18 corrected in Part II | 8-22-67

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF Mt. Vernon San. DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN: Mt. Vernon
Length of stay in 1b: 29 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. State Sanatorium
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Bonne Terre
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. #1
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ella Middle Mae Last Vansickle

4. DATE OF DEATH: Month July Day 27 Year 1967

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/18/85
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and state or country): Ste. Genevieve Co.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Thomas M. Davis
13b. MOTHER'S MAIDEN NAME: Lucy Jane Treaster
14. NAME OF HUSBAND OR WIFE: ? (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 493-54-9013
17. INFORMANT Address: Medical Records, Mo. S. S., Mt. Vernon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE BRONCHOPNEUMONIA
DUE TO (b): CONFINED TO BED
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): congestion of liver; Pul. emphysema, acute & chronic; RHEUMATOID ARTHRITIS; DECUBITUS ULCERS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6-28-1967 to 7-27-1967 and last saw her him alive on 7-27-1967
Death occurred at 6-45 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Willie L. Clark M.D.
22b. ADDRESS: Mt. Vernon, Missouri
22c. DATE SIGNED: 7/27/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-27-67
23c. NAME OF CEMETERY OR CREMATORY: O.K. of P. Cemetery
23d. LOCATION (City, town, or county) (State): Farmington Mo.

24. FUNERAL DIRECTOR ADDRESS: Boyer Funeral Home - Desloge Mo
25. DATE RECD BY LOCAL REG.: 8-5-67
26. REGISTRAR'S SIGNATURE: Roy Grantham Jr.

(Licensed Embalmer's Statement on Reverse Side)

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 Jerry Cox

Licensed Embalmer No. 5370

P. O. Address Mt. Vernon, 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.