

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19799

FILED MAY 21 1957

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6135 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Shannon, Spring Creek Twp</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Summersville, Mo.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> c. CITY OR TOWN <u>Summersville</u> d. STREET ADDRESS (If outside, give location) <u>1010 Reside on Farm</u>		
3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u></u> Last <u>Vought</u>			4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1957</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 7, 1866</u>	9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR: Months <u></u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. Month <u></u> Day <u></u> Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>Marion Co. Missouri</u>	
13. FATHER'S NAME <u>Geisler</u>			14. MOTHER'S MAIDEN NAME <u>Nancy Hamon</u>		
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. <u>none</u>		17. INFORMANT <u>Mich Miller, Summersville, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> DUE TO (b) <u>Cerebral Thrombosis & Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>332x</u>					INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>					
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 9 - 57</u> to <u>April 15 - 57</u> and last saw <u>her</u> <u>him</u> alive on <u>April 15 - 1957</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr. Fawcett Hampton D.O.</u>			22b. ADDRESS <u>Summersville</u>		22c. DATE SIGNED <u></u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>4/17/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Summersville Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Summersville, Missouri</u>
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 20, 57</u>		26. REGISTRAR'S SIGNATURE <u>Mable Rice</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 Richard A. Norton, Student Embalmer No. 540 working under my personal supervision.

Student Richard A. Norton
Signature of Student Embalmer

Signed Joe E. Dunbar
Licensed Embalmer No. 43
P. O. Address Wm. Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.