

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43684

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1504 MINNESOTA AVE. V  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 39 Years (Specify whether years, months or days)  
In this community 39 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1504 Minnesota Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? NO years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8  
year 1939 hour 2 minute 30 A.M.  
21. I hereby certify that I attended the deceased from December 7<sup>th</sup> to December 8<sup>th</sup>, 1939, that I last saw him alive on Dec. 7<sup>th</sup> and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction with  
hypertension  
Due to hypertension  
Due to \_\_\_\_\_

Duration

1 yr.

Other conditions (Include pregnancy within 3 months of death) 13<sup>th</sup> W

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature J. J. [unclear] (Physician or other) W. O.  
Address Joplin Mo. Date signed 12-8-39

3. (a) PRINT FULL NAME William McKinley Vinson 503  
3. (b) If veteran, name war No 3. (c) Social Security 500-09-3534

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Aldona Vinson 6. (c) Age of husband or wife If alive 35 years  
7. Birth date of deceased December 1 1900  
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Joplin Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner and Smelter Worker

11. Industry or business Eagle-Picher Lead Co.

12. Name Andrew Vinson  
13. Birthplace Madison Co. Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Dora Williams  
15. Birthplace Charleston Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Aldona Vinson  
(b) Address 1504 Minnesota, Joplin, Mo.

17. (a) Burial (b) Date thereof 12-8-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Hesseltine and Co  
(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 12-8-39 (b) Ed [unclear]  
(Date received local registry) (Registrar's signature)

372 (Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-152

Date Filed JAN 10 1940

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Stene D. Parker*

Licensed Embalmer No.

*2548*

P. O. Address

*Joplin 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 this body is not embalmed, above space should be left blank.**