

STANDARD CERTIFICATE OF DEATH

State File No. 19204

**FILED** MAY 16 1946  
Registration District No. 845-345

Primary Registration District No. 67086162

Registrar's No.

1. PLACE OF DEATH:  
(a) County Stone  
(b) City or town Ruth TP. (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Stone 104  
(c) City or town Ruth TP. Rural  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Loren Ray Vining  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 1st,  
year 1946 hour 6 P.M., minute \_\_\_\_\_ M.  
21. I hereby certify that I SAW deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

4. Sex Male (1) 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Sept 5 1944  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Cause not known, died at home or on the road to doctor  
Due to Not known cause Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
1 7 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stone Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Elmer Vining  
13. Birthplace Stone Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Thelma Labor  
15. Birthplace Ark.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations: Good  
Of autopsy: \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Earn Godall  
(b) Address Reeds Spring, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 5-2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Notch, Mo.

While at work? W.P. Cottrell (Specify type of place) \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_  
23. Signature W.P. Cottrell (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed May 1-46

18. (a) Signature of funeral director W.P. Cottrell  
(b) Address Reeds Spring, Mo.  
19. (a) May 6-46 Mrs. Myrtle Waugler  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18081

315

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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.....

*This body was not embalmed* Registered Apprentice No.....  
working under my personal supervision.

Signed

*Maurice Whelchel*

Licensed Embalmer No. *2279*

P. O. Address *Bramson 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, fact should be so stated above.**