

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33861  
Registrar's No. 343

FILED NOV 9 1948  
Registration District No. 316

Primary Registration District No. 6069

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Rural, Iron  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1 mile west of Bismarck  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 2 years

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile west of Bismarck  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Benson Vineyard

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Malisa Vineyard

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb. 22, 1869  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

12. Name James Benson Vineyard

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Samantha Thomas

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto F. Vineyard

(b) Address 762 Boaz, Kirkwood Mo.

17. (a) burial (b) Date thereof 11-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Missouri

18. (a) Signature of funeral director White Funeral Home

(b) Address White Iron ton Missouri

19. (a) 11-3-48 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1948 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov 25 - 1948 to Nov 1 - 1948  
that I last saw him alive on Oct 31 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Inferior wall of aorta

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature A. H. Gale (M. D. or other) \_\_\_\_\_

Address Bismarck Mo Date signed 11/2/48

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

MOTHER FATHER

14

Officer No. 4

Number 1148-138

11-8-48

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul J. White

Licensed Embalmer No. 3012

P. O. Address San Antonio, Tex.

**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.**