

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29213

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—5

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>BERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett, Mo.</u>		c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>VERONA Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincents Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>-</u> c. (Last) <u>VINEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12 49</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1-17-1872</u>	9. AGE (In years last birthday) <u>75</u>	10. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EMAL Viney</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Berg</u>		14. NAME OF HUSBAND OR WIFE <u>Single</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'S SIGNATURE OR NAME ADDRESS <u>MARY Umblough Verona, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the biliary tract</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>155x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 28, 1949</u> , to <u>Sept. 12, 1949</u> , that I last saw the deceased alive on <u>9-12-</u> , 19 <u>49</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. F. J. Moennighoff M.D.</u>				23b. ADDRESS <u>313 Broadway Monett Mo</u>		23c. DATE SIGNED <u>Sept. 13, 49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>		24d. LOCATION (City, town, or county) (State) <u>Verona Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-13-49</u>		REGISTRAR'S SIGNATURE <u>W. D. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oscar F. Mack, Aurora Mo.</u>			

RECEIVED SEP 15 1949
District Office No. 6,
District File Number 949-1048-
Date Filed 10-7-49

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.

Signed Robert S. Mark

Licensed Embalmer No. 3812

Signed _____
Student Embalmer

P. O. Address Quincy, 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.