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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31134

State File No.

FILED OCT 14 1949

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5799 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>W.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MARION TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JACKSON TWP.</u>	
c. LENGTH OF STAY. (In this place) <u>69 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>3 MI. S OF HOLLIDAY, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 MI. N. OF HOLLIDAY</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>S</u> c. (Last) <u>VINCENT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 2, 1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN 7, 1880</u>		9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR: Days Hours Min. <u>8 23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HT. HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>MO D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>GEORGE AMICK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY COOPER</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN H. VINCENT</u>	
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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 <u>John H. Vincent</u>	
				ADDRESS <u>PARIS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>			DUE TO (b) <u>Arteriosclerosis</u>			<u>21.5</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)						<u>21.5</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4221</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		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 Aug 2, 1944 to Oct 2, 1949, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. M. Ruppel, M.D.</u>		23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>10-3-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HOLLIDAY, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 3, 1949</u>		REGISTRAR'S SIGNATURE <u>Oliver Little</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Spald + Blakey</u>		ADDRESS <u>Paris, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 10 1949
District Health Officer N
District File Number 10-19
Date Filed OCT 10 1949

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.

Student
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.