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FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43604**

BIRTH NO. 78777-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 483

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-POPLAR BLUFF TWP 1</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>5 1/2 MI W POPLAR BLUFF MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>DENNY</u> b. (Middle) <u>JOE</u> c. (Last) <u>VINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>Dec 15-1949</u>		9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>POPLAR BLUFF MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>DALLAS VINSON</u>		13b. MOTHER'S MAIDEN NAME <u>DAISY COBLE</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dallas Vinson RFD 2 Poplar Bluff Mo</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spina Bifida e</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Meningo myelocela</u>			
		DUE TO (c) <u>Bilateral club feet.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>751X</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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur C. Parker Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>12/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 26 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLACK CREEK Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>5 MI W POPLAR BLUFF MO</u>		DATE REC'D BY LOCAL REG. <u>Dec 29 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. A. Johnson</u> ADDRESS <u>St. J. Phelps Poplar Bluff Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

150-31

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.