

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 865

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Branson</b>	
c. LENGTH OF STAY (in this place)		1043	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Dale</b>	c. (Last) <b>Vining</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Jan 13 1950</b>

5. SEX <b>m.</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		<b>Child</b>	<b>Nov. 14 - 1938</b>	<b>11</b>	<b>1</b>	<b>29</b>

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)	12. CITIZEN OF WHAT COUNTRY?
<b>School Student</b>	<b>School</b>	<b>Oregon</b>	<b>U.S.A.</b>

13a. FATHER'S NAME <b>Hester Vining</b>	13b. MOTHER'S MAIDEN NAME <b>Lois Hewallen</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Father Lester Vining</b>	ADDRESS <b>Branson</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombocytopenic purpura</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>2 1/2 yrs</b>
	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.			<b>296X</b>

19a. DATE OF OPERATION <b>8-15-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Hyperplasia spleen</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **3-17, 1947**, to **1-13, 1950**, that I last saw the deceased alive on **1-12, 1950**, and that death occurred at **6:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Burch</b>	(Degree or title)	23b. ADDRESS <b>Springfield, Mo</b>	23c. DATE SIGNED <b>1-20-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>1-13-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Natch Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Branson Mo Rural</b>
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DATE REC'D BY LOCAL REG. <b>1-21-50</b>	REGISTRAR'S SIGNATURE <b>W. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Whelchel Funeral Home</b>	ADDRESS <b>Branson Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

3960  
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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 \_\_\_\_\_

*Was not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Minnie L. Whelchel*

Licensed Embalmer No. *2277*

P. O. Address *Princeton, N.C.*

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.