

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **162**

1. PLACE OF DEATH
 a. COUNTY **Vernon**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nevada**
 c. LENGTH OF STAY (If in this place) **47 yrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Nevada City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo.** b. COUNTY **Vernon**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nevada, Mo.**
 d. STREET ADDRESS (If rural, give location) **517 N. Lynn**

3. NAME OF DECEASED
 a. (First) **Roy** b. (Middle) **E.** c. (Last) **Vincent**

4. DATE OF DEATH (Month) (Day) (Year)
10-21-50

5. SEX **male**
6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
Nov. 16, 1878

9. AGE (In years last birthday) **71** IF UNDER 1 YEAR: Months **III** Days **5** IF UNDER 4 HRS. Hours **—** Min. **—**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Caretaker

10b. KIND OF BUSINESS OR INDUSTRY
Theater

11. BIRTHPLACE (State or foreign country)
La Harpe, Ill.

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
Adrian Vincent

13b. MOTHER'S MAIDEN NAME
Eliza Vincent

14. NAME OF HUSBAND OR WIFE
Melva Ellen Vincent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no **ONO**

16. SOCIAL SECURITY NO.
491-05-8579

17. INFORMANT'S SIGNATURE OR NAME **ADDRESS**
Mrs. M. E. Vincent, Nevada, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Thrombocytopenic purpura**
Chronic Hemorrhagic Diathesis
Hyperostotic Prostate
Arteriosclerosis
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **None**
 DUE TO (c) **None**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death
None

INTERVAL BETWEEN ONSET AND DEATH
4 weeks
old
6-200
old
5/12X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
None

20. AUTOPSY?
 YES NO

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 **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 29, 1950, to Oct. 21, 1950, that I last saw the deceased alive on Oct. 21, 1950, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Walter P. Gray M.D.

23b. ADDRESS
Moore Bldg., Nevada, Mo.

23c. DATE SIGNED
10/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
10-23-50

24c. NAME OF CEMETERY OR CREMATORY
Newton Burial Park

24d. LOCATION (City, town, or county) (State)
Nevada, Mo.

DATE REC'D BY LOCAL REG. **REGISTRAR'S SIGNATURE**
Oct. 25, 1950 **Kathryn H. Yancey**

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**
331 **Eichinger Funeral Home, Nevada, Mo.**

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

1087

1087

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED OCT 30 1950

Dist. File 1050-2126

Date Filed 10-30-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Mark Eeching

Signed.....
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Nebraska 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.