

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36024

State File No.

FILED DEC 14 1950

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>325</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Adair</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Adair</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		0 0/3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 W. Washington</u>				d. STREET ADDRESS (If rural, give location) <u>102 W. Wash</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>WILLIAM</u>		b. (Middle) <u>-</u>		c. (Last) <u>Vinyard</u>		Dec 5 1950	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-26-1877</u>	9. AGE (In years last birthday) <u>83</u>	F UNDER 1 YEAR Months <u>5</u>	Y EAR Days <u>8</u>	F UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Mo U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Vinyard</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA VINYARD</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs Anna Vinyard</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c):		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				<u>2 hr</u>	
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Coronary Sclerosis</u>				<u>unknown</u>	
		DUE TO (c) <u>Generalized Atherosclerosis</u>				<u>years.</u>	
		II. OTHER SIGNIFICANT CONDITIONS				<u>4201</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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>Dec 5, 1950</u> , to <u>Dec 5, 1950</u> , that I last saw the deceased alive on <u>Dec 5, 1950</u> , and that death occurred at <u>11:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. T. Antevasha D.O.</u>				23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>12-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-7-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis E. Hopper</u>		ADDRESS <u>Clarence</u>	

(Licensed Embalmer's Statement on Reverse Side)

By Sonny Hopper Mo

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

013

1

Date Received: DEC 12 1950
DISTRICT HEALTH OFFICE #2
District File Number 13-50-2111
Date Filed: DEC 12 1950

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 *Louis E. Hopper*.....

Licensed Embalmer No. *426*.....

P. O. Address *Clarence Me*.....

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.