

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36387

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

| | | | | | | | | |
|---|---------------------------|--|--|--|--------------------------------|---|-------------------------------|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>55</u> | | PRIMARY REG. DIST. NO. <u>301</u> | | Registrar's No. <u>203</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carrollton</u> | | | | |
| b. CITY OR TOWN <u>Carrollton</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Carrollton 0171</u> | | d. STREET ADDRESS <u>7th & Ely</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7th & Ely St</u> | | | | d. STREET ADDRESS (if rural, give location) | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>DANIEL GREGG VINSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 16-1950</u> | | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>Feb. 10, 1873</u> | 9. AGE (In years last birthday) <u>77</u> | if UNDER 1 YEAR Months Days | | if UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Section</u> | | 11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Mo. U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13a. FATHER'S NAME <u>George Vinson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Ellis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Clusie Pinckard Vinson</u> | | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J.C. Stroud Carrollton 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, asthma, 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) _____ | | | | II. OTHER SIGNIFICANT CONDITIONS _____ | | | | 334X |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy</u> DUE TO (c) _____ | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Carrollton</u> | | | | |
| 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 <u>Nov 16, 1950</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Russ Dickinson Coroner</u> | | | 23b. ADDRESS <u>Bozard Mo</u> | | | 23c. DATE SIGNED <u>Nov 17-50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 19, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Trotter Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Carroll Co. Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>11/19/50</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Verber</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calverto Standley & Gibson Carrollton Mo</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)



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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, W.*

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.