

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43260

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3071 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>45 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>750 W. Eastwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>750 W. Eastwood</u>		d. STREET ADDRESS (If rural, give location) <u>750 W. Eastwood</u>	
3. NAME OF DECEASED (Type or Print) <u>Leslie Vinley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12/16/50</u>	
a. (First) <u>Leslie</u> b. (Middle) <u>---</u> c. (Last) <u>Vinley</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 17th, 1876</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 1 YEAR Hours <u>0</u>	IF UNDER 15 MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Section Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroading, G.M.O.</u>	
11. BIRTHPLACE (State or foreign country) <u>Saline County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Razz Vinley</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Vinley</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Lola Vinley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lola Vinley</u>		ADDRESS <u>Marshall, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Paresis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Don't Know</u> <u>025X</u> <u>Don't Know</u>			
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	
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? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>1-1-</u> , 19 <u>49</u> , to <u>12-16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 17</u> , 19 <u>50</u> , and that death occurred at <u>4:45 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Madison M.D.</u>		23b. ADDRESS <u>Marshall, Mo.</u>	
23c. DATE SIGNED <u>12-19-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/20/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 19 1950</u>		REGISTRAR'S SIGNATURE <u>385 Sidney J. Gray</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George D. Brown</u>		ADDRESS <u>Marshall, Mo</u>	

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

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RECEIVED

12/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/27/50

FEB 2 1951

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

Signed [Signature]
Student Embalmer No. _____
Licensed Embalmer No. 4270

P. O. Address Marshall, 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.