

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **5077**

1060
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Taney	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Branson	c. LENGTH OF STAY (In this place) 62 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Branson MO 1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hope Comm Hospital		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Augustus c. (Last) Vining	4. DATE OF DEATH (Month) (Day) (Year) 1 22 51							
5. SEX M	6. COLOR OR RACE W	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2	8. DATE OF BIRTH April 16-1888	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Monongey Co. Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Rastus Vining	13b. MOTHER'S MAIDEN NAME Lilly Vining	14. NAME OF HUSBAND OR WIFE Deceased	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Lester Vining ADDRESS Branson MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4214
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis & uraemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic endocarditis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Dec 16, 1950**, to **Jan 22, 1951**, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.C. Bantew M.D. O	23b. ADDRESS Branson, Mo.	23c. DATE SIGNED 1/26/51
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-24-51	24c. NAME OF CEMETERY OR CREMATORY Knalesh Cemetery	24d. LOCATION (City, town, or county) (State) Branson MO Rural
DATE REC'D BY LOCAL REG. Jan 26-1951	REGISTRAR'S SIGNATURE A E Crowell	376	25. FUNERAL DIRECTOR'S SIGNATURE Whelchel Funeral Home ADDRESS Branson MO

DEPARTMENT OF HEALTH OF MO.

Dist. No. 5 - Springfield

RECEIVED JAN 29 1957

Dist. File 151-247

Date Filed 1-29-57

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 Merrill L. Welch

Signed.....
Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Branson 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.