

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5764

0941
0

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre			c. LENGTH OF STAY (In this place) 47 da.	c. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre			0941
d. FULL NAME OF HOSPITAL OR INSTITUTION. Bonne Terre Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First)		b. (Middle) OVERTON		c. (Last) VINEYARD	
4. DATE OF DEATH		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct. 9 1882		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 4		IF UNDER 1 YEAR Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drill operator		10b. KIND OF BUSINESS OR INDUSTRY Lead mining		11. BIRTHPLACE (State or foreign country) Belgrade, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Riley Vineyard		13b. MOTHER'S MAIDEN NAME Sarah Ragsdale		14. NAME OF HUSBAND OR WIFE Pearl Vineyard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aaron Vineyard, Desloge 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) Cancer left kidney				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				180 X	
19a. DATE OF OPERATION June 1948		19b. MAJOR FINDINGS OF OPERATION Cancer left kidney (nephrectomy done)				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)			
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 Dec. 25, 1950, to Feb. 12, 1951, that I last saw the deceased alive on Feb. 12, 1951, and that death occurred at 8:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Mawin J. Haw, Jr. M.D.				23b. ADDRESS Boone Terre, Mo.		23c. DATE SIGNED 2/16/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-14-51		24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cem.		24d. LOCATION (City, town, or county) (State) Bismarck Mo.	
DATE REC'D BY LOCAL REG. Feb. 17, 1951		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE White & Hill Funeral Home		ADDRESS Bismarck Mo.	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 26 1951

RECEIVED

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 Lyle H. White
Licensed Embalmer No. 4295

P. O. Address Gretna, 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.