

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15767

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>206</u>		
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff <u>0129</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 830 Cherry St. <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) Eli			b. (Middle) Hugh		c. (Last) Vinson		4. DATE OF DEATH (Month) (Day) (Year) April 30, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 20, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Day 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Com. Labor		11. BIRTHPLACE (State or foreign country) Essex Mo. <u>0</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME William Vinson			13b. MOTHER'S MAIDEN NAME Mattie Vinson		14. NAME OF HUSBAND OR WIFE Mrs Melvina Vinson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Melvina Vinson Poplar Bluff 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Alphya pleuritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u> DUE TO (c) <u>metastatic carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>prostate (fav advanced)</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>A. D. Marke M.D.</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>5-3-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.			
DATE REC'D BY LOCAL REG. <u>May 14-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson #28</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank- Cotrell Poplar Bluff Mo.				

RECEIVED

MAY 22 1951
BUTLER CO. HEALTH CENTER
FILE No. 551-219

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.....
Student Embalmer

Signed George W. Greer

Licensed Embalmer No. 2964

P. O. Address Palmer Bluff 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.