

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36867

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 125

1. PLACE OF DEATH. a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett Rt. 3		c. CITY (If outside corporate limits, write RURAL and give township) Kennett (Rural) 0350	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Rt. 3	
3. NAME OF DECEASED (Type or Print) a. (First) Geneva b. (Middle) _____ c. (Last) Vinson			4. DATE OF DEATH (Month) (Day) (Year) Nov. 3rd-1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 9th-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY X	9. AGE (In years last birthday) Months Days 70 4 24
11. BIRTHPLACE (State or foreign country) Gibson County Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Butler		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Willie Vinson	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 30 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 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 331X	
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)		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 30 Oct. 1951 , to 3 Nov. , 19 51 , that I last saw the deceased alive on 2 Nov. , 19 51 , and that death occurred at 4:00 AM. , from the causes and on the date stated above.			
23a. SIGNATURE James B. Baker (Degree or title)		23b. ADDRESS 14 D Kennett Mo	
23c. DATE SIGNED 8 Nov 51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-4-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
24d. LOCATION (City, town, or county) (State) Kennett Mo.		DATE REC'D BY LOCAL REG. 11-8-1951	
REGISTRAR'S SIGNATURE Carl H. ...		25. FUNERAL DIRECTOR'S SIGNATURE Leota ...	
ADDRESS Kennett MO		ADDRESS	

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-9-51

COUNTY FILE NUMBER 1151-302.....

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 *Edgar Lee Ford*

Signed.....
Student Embalmer

Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.