

No. 300
10.48

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38079

State File No.

600

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

BIRTH NO.		REG. DIST. NO. <u>194</u>		PRIMARY REG. DIST. NO. <u>5712</u>		Registrar's No. <u>14</u>		
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>Richwood</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richwood</u> <u>0600</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>William J. Vincent</u>			a. (First) <u>William</u>			b. (Middle) <u>J.</u>		
			c. (Last) <u>Vincent</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 18, 1883</u>		
						9. AGE (In years last birthday) <u>68</u>		
						IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>		
						IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Polk Co. Missouri</u>		
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>J.W. Vincent</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Frances Blaine</u>			14. NAME OF HUSBAND OR WIFE <u>Fannie May Vincent</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u></u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fannie May Vincent Exter, Mo. R.R.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						
		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>						
		ANTECEDENT CAUSES						
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.						
		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
		<u>4201</u>						
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.								
23a. SIGNATURE <u>R. M. Humphrey</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Cassville, Mo</u>		23c. DATE SIGNED <u>11-1-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial #1</u>		24b. DATE <u>Nov. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Aldridge, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 10, 1951</u>		REGISTRAR'S SIGNATURE <u>O. E. Plummer</u> <u>178</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. E. Culver - Cassville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 14 1951
Dist. File 1151-1989
Date Filed: 11-14-51

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 Margaret C. Kenbert

Licensed Embalmer No. 4389

P. O. Address Cassville,

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.