

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26911

State File No.

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6185 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Sullivan 1050</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan/1050</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Union Twp.</u>		c. LENGTH OF STAY (In this place) <u>34 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home- 8 mi. S. Green City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Union Twp.</u>	
		d. STREET ADDRESS (If rural, give location) <u>Route 2, Green City</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carl</u>	b. (Middle) <u>Champus</u>	c. (Last) <u>Vincill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1952</u>
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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>June 3, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 <u>Gen. Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. COUNTRY OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Vincill</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Walters</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Vincill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Vincill, Green City, Mo</u>	ADDRESS <u>Green City, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	ANTECEDENT CAUSES Morbidity 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>1561</u>	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) _____	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 July 7, 1952 to 7-22, 1952, that I last saw the deceased alive on July 22, 1952 and that death occurred at 7:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. McArthur M.D.</u>	23b. ADDRESS <u>Brownway Mo</u>	23c. DATE SIGNED <u>July 25-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Price Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Linn Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 31, 1952</u>	REGISTRAR'S SIGNATURE <u>Laura N. Bailett</u>	415 25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Hunt & Son</u>	ADDRESS <u>Green City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 11 1952

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.