

12-18-52
DEC 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43133

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

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission. a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WORTHINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Worthington, Elm</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Vincent</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 2 1952</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1872-8-17</u>
9. AGE (In years last birthday) <u>80</u>		10. MONTH <u>3</u>	11. DAY <u>15</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 <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>
12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>David Vincent</u>		13b. MOTHER'S MAIDEN NAME <u>Amenda Parker</u>	
14. NAME OF HUSBAND OR WIFE <u>Alice Vincent</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alice Vincent</u>		ADDRESS <u>Worthington Mo</u>	
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>Myocardial failure (pulmonary edema)</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile arteriosclerosis with</u> DUE TO (c) <u>cerebral degeneration?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>seizures</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>332X</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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>42</u> to <u>Dec 2</u> , 19 <u>52</u> that I last saw the deceased alive, on <u>Nov 29</u> , 19 <u>52</u> and that death occurred at <u>4:20</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George E. Grim</u>		23b. ADDRESS <u>MO. Kirksville, Missouri</u>	
23c. DATE SIGNED <u>12/5/52</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>e</u>		24b. DATE <u>Dec 4</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Home</u>		24d. LOCATION (City, town, or county) (State) <u>County MO</u>	
DATE REC'D BY LOCAL REG. <u>12-12-52</u>		REGISTRAR'S SIGNATURE <u>Marshall Durbin</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>F O Husted</u>		ADDRESS <u>Don Unionville Mo</u>	

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 F. O. Hersted

Licensed Embalmer No. 2975

P. O. Address Unionville M

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.