

FILED JAN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

44960

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>365</u>		PRIMARY REG. DIST. NO. <u>6238</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Belgrade</u>			c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Belgrade</u>			<u>1180</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. SW of Belgrade</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi. S.W. of Belgrade</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANKLIN</u>		b. (Middle) <u>FIRMIN</u>		c. (Last) <u>VINEYARD</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept. 20 1861</u>	
9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belgrade Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James B. Vineyard</u>		13b. MOTHER'S MAIDEN NAME <u>Samantha Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Nevada Alice Vineyard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.E. Vineyard Flat River Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture R. hip bones</u>					
		ANTECEDENT CAUSES <u>Pneumonia Bronchial</u>					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>110</u> (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 <u>6:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. F. Creswell M.D.</u>				23b. ADDRESS <u>Patton Mo.</u>		23c. DATE SIGNED <u>12/29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 1 54</u>		REGISTRAR'S SIGNATURE <u>Ella White</u> 336		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton Mo.</u>			

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

RECEIVED

JAN 7 1953

WASH. COUNTY HEALTH DEPT.

File No. _____

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Director's Res.

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.