

STANDARD CERTIFICATE OF DEATH

19151

State File No.

FILED JUN 23 1955

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 2001 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2111 SERGEANT AVE.		d. STREET ADDRESS (If rural, give location) 2111 SERGEANT AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) FANNY	b. (Middle)	c. (Last) VINCENT	4. DATE OF DEATH (Month) (Day) (Year) JUNE 12, 1955
--	-------------	--------------------------	---

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 17, 1876	9. AGE (In years last birthday) 78	<input type="checkbox"/> UNDER 1 YEAR	<input type="checkbox"/> UNDER 1 MONTH	<input type="checkbox"/> UNDER 1 HOUR	<input type="checkbox"/> UNDER 1 MIN.
-----------------	---------------------------	---	---------------------------------------	---	---------------------------------------	--	---------------------------------------	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) NORTH MANCHESTER, IND.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME SAMUEL FANNING	13b. MOTHER'S MAIDEN NAME MARY CLARK	14. NAME OF HUSBAND OR WIFE NOAH OLIVER VINCENT, DECD
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME PRE-ARRANGEMENT BY DECEASED	ADDRESS
--	-------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure		12 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic Encephalomacia DUE TO (c) Arteriosclerosis		5 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Feb. 2, 1955 to June 12, 1955 that I last saw the deceased alive on June 12, 1955 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.P. Manson	23b. ADDRESS 3014 Main Joplin	23c. DATE SIGNED 6/14/55
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-14-55	24c. NAME OF CEMETERY OR CREMATORY ORONOGO CEMETERY	24d. LOCATION (City, town, or county) (State) ORONOGO, MISSOURI
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 6-16-55	REGISTRAR'S SIGNATURE Ed S. James 1382	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
---	---	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 55-6412
Date Filed JUN 21 1955

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.