

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28420

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1951

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Sikeston	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 851 Agnes	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) James	b. (Middle) Clarence	c. (Last) Vinson	(Month) (Day) (Year) Aug. 21st 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Unknown	9. AGE (In years last birthday) 34 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Samuel R. Vinson	13b. MOTHER'S MAIDEN NAME Pammie Lou Scott	14. NAME OF HUSBAND OR WIFE Ruby Vinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#2	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Ruby Vinson
		ADDRESS Above

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage		
	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 8-20-55	19b. MAJOR FINDINGS OF OPERATION Soni	20. AUTOPSY? YES <input checked="" 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) (STATE) 331X
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 8-19, 1955, to 8-21, 1955, that I last saw the deceased alive on 8-21, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Walter W. [Signature]	(Degree or title)	23b. ADDRESS 6944 CHIPPEWA	23c. DATE SIGNED 8-22-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-22-55	24c. NAME OF CEMETERY OR CREMATORY Sikeston Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston Missouri

DATE REC'D BY LOCAL REG. 8/22/55	REGISTRAR'S SIGNATURE Herbert B. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE John Nunnelee	ADDRESS Sikeston, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

1 4 1955

OCT 28 1955
JUL 2 1957
JUN 5 1956

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.....
Signature of Student Embalmer

Signed.....
J. Allison Ray

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.