

FILED MAY 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH '57 017612

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>227</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jasper</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Joplin</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Joplin</b>		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 <b>2115 Harlem Street</b>				STREET ADDRESS (If rural, give location) <b>2115 Harlem Street</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Henry</b>		b. (Middle) <b>F.</b>		c. (Last) <b>VINSON</b>	
		4. DATE OF DEATH		Month <b>May</b>		Day (Year) <b>5 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 16, 1907</b>	
9. AGE (in years last birthday) <b>49</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor Joplin Rendering Co</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Ben Vinson</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Bennett</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Vinson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>446-05-9259</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Martha Vinson 2115 Harlem Joplin, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>yr8</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis</b>					
		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> 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) m.		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 <u>4-25</u> , 19 <u>56</u> , to <u>5-5</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-5</u> , 1957, and that death occurred at <u>9:30P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>E. O. Martin</b>				23b. ADDRESS <b>709 Joplin<sup>rd</sup>, Joplin Mo</b>		23c. DATE SIGNED <b>5-6-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-8 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>C.A.R. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Miami, Oklahoma</b>	
DATE REC'D BY LOCAL REG. <b>5-10-57</b>		REGISTRAR'S SIGNATURE <b>Dove Merriam</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hunter Funeral Home, Picher Okla.</b>			

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

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County Health Office  
County File Number 57-1-392  
Date Filed MAY 15 1957

MS APR 4 1960

APR 5 1963

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 *W. E. Hoover*

Licensed Embalmer No. 4770

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