

FILED JUL 1 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 57 02 1698  
 STATE FILE NUMBER

 Registration District No. 171 Primary Registration District No. 4265 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Doughlas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Missouri River</u>		c. CITY <u>Omaha</u> OR TOWN <u>Omaha</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Camden Bend</u>		Length of stay in 1b <u>3 days</u>	
d. STREET ADDRESS <u>5324 N. 5th. Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>DAVID</u> Last <u>VINTON</u>			4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 17, 1921</u>
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fork Lift Operator</u>	11. BIRTHPLACE (City and state or country) <u>Washington, Iowa</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fork Lift Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food Processing</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Edgar Francis Vinton</u>		14. MOTHER'S MAIDEN NAME <u>Goldie May Evans</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>479-14-8568</u>	17. INFORMANT <u>Mrs. Margaret Vinton Omaha, Nebraska</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death Accidental drowning</u> DUE TO (b) <u>Small motor boat pulled by current under a larger government boat in Missouri River</u> DUE TO (c) <u>Boat capsized near Mr. On Vacation 850X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>trip by boat</u>			INTERVAL BETWEEN ONSET AND DEATH <u>42</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II item 18.) <u>Boat swept under large boat by river current</u>		20c. TIME OF INJURY Hour <u>6:55</u> p.m. Month <u>June</u> Day <u>11</u> Year <u>57</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (If in or about home, farm, factory, street, office bldg., etc.) <u>Nebraska River, Napoleon, Lafayette Co</u>	
20f. CITY, TOWN, OR LOCATION <u>Omaha</u>		20g. COUNTY <u>Lafayette</u>	
20h. STATE <u>Nebraska</u>		21. I attended the deceased from death occurred at <u>6-11-57</u> <u>6:55 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>W. W. Martin M.D. Coroner</u>		22b. ADDRESS <u>3 O'Connell Ave</u>	
22c. DATE SIGNED <u>6-19-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>June 15, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elm Grove</u>	
23d. LOCATION (City, town, or county) <u>Washington, Iowa</u>		23e. STATE <u>Iowa</u>	
24. FUNERAL DIRECTOR <u>J. C. Sheppard Wellington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-27-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Emma Davidson Davidson</u>		26. REGISTRAR'S SIGNATURE <u>by Margaret Davidson</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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. Blair Shppard*

Licensed Embalmer No. *41*

P. O. Address *Wellington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.