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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017323
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 247

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Univ. Med. Center — Length of stay in 1b: 60 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Osage
c. CITY OR TOWN: Bland 0760 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 2 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rebecca Middle: M. Last: Vincent

4. DATE OF DEATH: Month: June Day: 5 Year: 1958

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH**: April 10, 1883 **9. AGE** (In years last birthday): 75 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / 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** (City and state or country): Linn, Missouri **12. CITIZEN OF WHAT COUNTRY?**: United States

13a. FATHER'S NAME: Conrad Kemple **13b. MOTHER'S MAIDEN NAME**: Maria Mantle **14. NAME OF HUSBAND OR WIFE**: George W. Vincent

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: — **17. INFORMANT**: Geo. W. Vincent **Address**: Bland, Mo. #2

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Rectum
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 4-5-58, to 6-5-58 and last saw her alive on 6/5/58
Death occurred at 6:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ronald Severs, M.D. **22b. ADDRESS**: Columbia, Mo. **22c. DATE SIGNED**: 6/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 6-7-1958 **23c. NAME OF CEMETERY OR CREMATORY**: Bland **23d. LOCATION** (City, town, or county) (State): Bland Mo

24. FUNERAL DIRECTOR: Lyman Funeral Home **ADDRESS**: Columbia **25. DATE RECD. BY LOCAL REG.**: June 6 1958 **26. REGISTRAR'S SIGNATURE**: Mrs R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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, [redacted] ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Lyman W. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia 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.