

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000819

FILED VS FEB 8 1961

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 3

STATE FILE NUMBER

WRITE IN THIS COLUMN
 AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Dunklin									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Malden		Length of stay in 1b		c. CITY OR TOWN Malden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION 410 S. Kimball			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 410 S. Kimball		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JOHN Middle MOSES Last VINEYARD				4. DATE OF DEATH Month JAN. Day 29 Year 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-29-77		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchant				10b. KIND OF BUSINESS OR INDUSTRY Merchant		11. BIRTHPLACE (City and state or country) Stonefort, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Stephen Vineyard				13b. MOTHER'S MAIDEN NAME Sarah Vineyard				14. NAME OF HUSBAND OR WIFE Cora Vineyard					
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. No		17. INFORMANT Address J. D. Vineyard, Malden, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA										INTERVAL BETWEEN ONSET AND DEATH 36 HOURS			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA, PROSTATE										15 YEARS			
DUE TO (c) METASTASES, PELVIS AND SPINE										3 YEARS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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 of item 18.)									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1946 to 29 JAN 61 and last saw him alive on 27 JAN 61 Death occurred at 9:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Charles Williams M.D.						22b. ADDRESS MALDEN, Mo.				22c. DATE SIGNED 30 JAN 61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-31-61		23c. NAME OF CEMETERY OR CREMATORY Park				23d. LOCATION (City, town, or county) Malden, Mo.					
24. FUNERAL DIRECTOR Day & Knight Funeral H, Malden, Mo.						25. DATE RECD. BY LOCAL REG. 2-3-1961		26. REGISTRAR'S SIGNATURE J. D. Scherman					

W. Allen W. Smith

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. J. Shuman*
Licensed Embalmer No. 4086
P. O. Address Malden

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.