

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043060

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1896

STATE FILE NUMBER

FILED NOV 26 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
10128			
20128			
3			
4 1			
5 1			
6			
7 1			
8 0			
9/63x			
10			
11			
12 90-0			
13 1-1			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 12 yrs.	c. CITY OR TOWN Poplar Bluff
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1501 Thomas St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1501 Thomas St.
3. NAME OF DECEASED (Type or print) First TULA Middle MAE Last VINSON		4. DATE OF DEATH October 22, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/2/1924
9. AGE (last birthday) 38		IF UNDER 1 YEAR Months 10 Days 19	IF UNDER 24 HR 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) Datto, Arkansas
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. FATHER'S NAME Jess Cox	
14. MOTHER'S MAIDEN NAME Dora Wilson		15. NAME OF HUSBAND OR WIFE William Vinson	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 1 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Resistant to the drug		1-2 yr	
DUE TO (c) 			
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 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 10/19/63 to 10/23/63 and last saw her alive on 10/31/63 Death occurred at 1:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wesley A. Post M.D.		22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 10/30/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/23/63	23c. NAME OF CEMETERY OR CREMATORY Brown Chapel	23d. LOCATION (City, town, or county) (State) Broseley, Mo.
24. FUNERAL DIRECTOR ADDRESS FRANK-COTRELL CHAPEL, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 11-21-1963	26. REGISTRAR'S SIGNATURE Shelma Graham

USE BLACK INK OR TYPEWRITER RIBBON

MD-10-1000

DEC 4 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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P.O. Address Paples Bluff, Md

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.