

No. 3  
1-5-43  
5-17-39  
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THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40125

State File No. \_\_\_\_\_

Registrar's No. 36

**FILED DEC 17 1946**

Registration District No. 107

Primary Registration District No. 4176

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
412 S. Kimball  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 37 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Malden 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 412 S. Kimball 1  
(If rural, give location)

(e) Citizen of foreign country? no 0  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cora Ioma Vineyard

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female / 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John M Vineyard

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 12, 1884  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>0</u>	<u>20</u>	<u>--</u> hr. <u>--</u> min.

9. Birthplace Creal Springs Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business none

12. Name Thomas Monroe Ray

13. Birthplace Ukn Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa King

15. Birthplace Ukn Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Johnny Vineyard

(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof 12-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Missouri

19. (a) 12-6-46 (b) J. Schuman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
year 1946 hour 4 minute 52 AM.

21. I hereby certify that I attended the deceased from April 27, 1946, to December 2, 1946;  
that I last saw her alive on December 2, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac  
Decompensation with Renal  
Failure. Duration 6 mo.

Due to Hypertensive Arteriosclerotic  
Heart Disease 8 yrs.

Due to Nephrosclerosis 5 yrs.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury 1

23. Signature Charles Williams (M. D. or other) M.D.

Address Malden, Missouri Date signed 12/5/46

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

MOTHER FATHER

37

RECEIVED

District Health Office No. 2

District File Number 1246-1416

Date Filed 12-9-46

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. D. Schuman  
Licensed Embalmer No. 4086  
P. O. Address Malden, Mo.

**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 this body is not embalmed, fact should be so stated above.