

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JAN 11 1952

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 90

1. PLACE OF DEATH

a. COUNTY Putnam

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville, Mo.

c. LENGTH OF STAY (In this place) Life

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Monroe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo

b. COUNTY Putnam

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0 Lincoln Tmp.

d. STREET ADDRESS (If rural, give location) Unionville, Mo.

3. NAME OF DECEASED

a. (First) Hershel

b. (Middle) ---

c. (Last) Vincent

4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1951

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH Nov. 22, 1874

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR 24 Days IF UNDER 24 Hrs. --- Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Putnam Co. Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Vincent

13b. MOTHER'S MAIDEN NAME Parlee Shadden

14. NAME OF HUSBAND OR WIFE Cecil Mav Vincent

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'S SIGNATURE OR NAME ADDRESS Mrs. Pearl C. KENNERD, Unionville, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec. 19, 1951, to Dec. 22, 1951, that I last saw the deceased alive on Dec. 21, 1951, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. W. McDonald, D.D.

23b. ADDRESS Unionville, Mo.

23c. DATE SIGNED 12-26-51

24. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 23, 51

24c. NAME OF CEMETERY OR CREMATORY Mendota, Mo.

24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.

DATE REC'D BY LOCAL REG. 1-5-52

REGISTRAR'S SIGNATURE Maxwell Dushin 266

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. O. Huste Unionville, Mo.

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

G. O. Husted

Signed.....

Student Embalmer

Licensed Embalmer No. 2975

P. O. Address Unionville W.

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.