

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21457  
State File No.

FILED JUN 17 1953

3567

Registrar's No. 69

BIRTH MO. _____		REG. DIST. NO. 145		PRIMARY REG. DIST. NO. 5516		Registrar's No. 69		
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Iron				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1 Mi., West of Banner			c. LENGTH OF STAY (in this place) 20 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Kaolin Township			d. STREET ADDRESS (If rural, give location) 1 mile West Of Banner 0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kaolin Township				d. STREET ADDRESS (If rural, give location) 1 mile West Of Banner 0470				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ADDISON c. (Last) VINEYARD			4. DATE OF DEATH (Month) (Day) (Year) 6 10 1953					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 2 1858		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 6 Days 8	IF UNDER 4 Wks. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Belgrade Mo		12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME James B. Vineyard		13b. MOTHER'S MAIDEN NAME Samantha Thomas		14. NAME OF HUSBAND OR WIFE Lenora M. 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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Eula Nicholson Banner Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Terminal Hypertension) ANTECEDENT CAUSES Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Six days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		4221		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from 2-16, 1953, to 6-10, 1953, that I last saw the deceased alive on 6-10, 1953, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED 6-10-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/12/1953	24c. NAME OF CEMETERY OR CREMATORY Thomas Chapel Cemetery Peoria, Mo		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. June 15-1953		REGISTRAR'S SIGNATURE Elizabeth Logan 129		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo				

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

490 /

**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 .....

Student Embalmer

Signed *Arnell J. White*

Licensed Embalmer No. *2012*

P. O. Address *Amite, La.*

**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.