

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **22108**BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 807

1. PLACE OF DEATH a. COUNTY <u>Buchanan,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Paris City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2,</u>		d. STREET ADDRESS (If rural, give location) <u>unknown,</u>	
3. NAME OF DECEASED (Type or Print) <u>VINCENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-14-1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>E. Indian</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>4-6-1897,</u>	
9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>3</u> DAYS <u>8</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor,</u>	
11. BIRTHPLACE (State or foreign country) <u>Philippine Islands,</u>		12. CITIZEN OF WHAT COUNTRY? <u>Naturalized U.S.A.</u>	
13a. FATHER'S NAME <u>unknown,</u>		13b. MOTHER'S MAIDEN NAME <u>unknown,</u>	
14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No,</u>		16. SOCIAL SECURITY NO. <u>none,</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Luis Sarmiento (attorney - not listed in R.C. directory)</u>		ADDRESS <u></u>	
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) <u>Thromboplegia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
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)			
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 <u>1-1-</u> , 19 <u>50</u> , to <u>7-14-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-14-</u> , 19 <u>54</u> , and that death occurred at <u>7:35 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harriet Thomas,</u>		23b. ADDRESS <u>Wid., State Hospital No. 2, St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>7-14-1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-16-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Kirkville College of Osteo.</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville MO</u>	
DATE REC'D BY LOCAL REG. <u>July 21, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Clark Grayson</u>		ADDRESS <u></u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

Emma Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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