

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4404

State File No. ....

No. 300  
10.48

FILED MAR 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 10

5351

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u> c. LENGTH OF STAY (in this place) <u>30 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Residence</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u> <u>0351</u> d. STREET ADDRESS (If rural, give location) <u>212 North Edwards</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>Fate</u> a. (First) <u>Vincent</u> b. (Middle) <u>Vincent</u> c. (Last) <u>Vincent</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb 22 1955</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>1885-10-6</u>	<b>9. AGE</b> (In years last birthday) <u>69-4-16</u>	IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Home Work (Retired)</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>✓</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Illinois</u>	
<b>13a. FATHER'S NAME</b> <u>John Louis</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Louis</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>✓</u>	

<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>491-16-2536</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Carl Vincent, Sikeston, Mo</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Coronary Occlusion</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH   _____
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension - Arteriosclerosis</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from Feb 16, 1953, to Sept 30, 1954, that I last saw the deceased alive on Sept 30, 1954, and that death occurred at 3-4<sup>th</sup> A. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Dorothy A. Brown 87 Mo</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Malden, Mo.</u>	<b>23c. DATE SIGNED</b> <u>2-25-55.</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>2-24-55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt Hilliard Cemetery</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Malden, Mo</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>2-28-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. D. Scherman</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Thomas C. Knight Malden, Mo</u>
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 3-7-55 .....

COUNTY FILE NUMBER 3-55-68 .....

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address \_\_\_\_\_

**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.