

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1474

State File No.

FILED FEB 6 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Jackson</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) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>139 North White</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Bowell</u> c. (Last) <u>Vinsant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 23-1871</u>	9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR OF UNDER 14 WRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bricklayer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Vinsant</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Black</u>		14. NAME OF HUSBAND OR WIFE <u>Rose L. Vinsant</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>490-16-2253</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rose Vinsant K.O. Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage, left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Essential Hypertension</u>		common	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331+	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 12-2, 1955 to 1-14, 1956, that I last saw the deceased alive on 1-13, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard W. Gunn</u> (Degree or title)? <u>M.D.</u>	23b. ADDRESS <u>6230 Truman K.C. Mo.</u>	23c. DATE SIGNED <u>1-14-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 16-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-14-56</u>		REGISTRAR'S SIGNATURE, <u>Meva Marshall</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.N. Blackman & Son Inc. K.O. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *W.C. Reine*

Licensed Embalmer No. *487*

P. O. Address *H. O. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.