

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17348**

FILED MAY 31 1956

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5968** Registrar's No. **63**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Polk	b. CITY OR TOWN Rural-Benton /		c. LENGTH OF STAY (in this place) /
d. FULL NAME OF HOSPITAL OR INSTITUTION Died in the Home		a. STREET ADDRESS Rural-Benton	b. COUNTY Polk
		c. CITY OR TOWN Halfway	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) Allen	b. (Middle) Tine	c. (Last) Vincent	(Month) (Day) (Year) May 21, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Feb. 10, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (In years last birthday) 72
		11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Christopher Vincent	13b. MOTHER'S MAIDEN NAME Mary Ashlock	14. NAME OF HUSBAND OR WIFE Mrs. Chloris Gordon Marium Kansas
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 Mrs. Chloris Gordon Marium Kansas

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma lower lip		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Metastasis to neck of Cervical glaucoma		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Treated at Savannah Mo. (against my advice)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from July 8, 1955, to July 8, 1955, that I last saw the deceased alive on July 8, 1955, and that death occurred at 5:25A m., from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Treated at Savannah Mo. (against my advice)	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)	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 July 8, 1955, to July 8, 1955, that I last saw the deceased alive on July 8, 1955, and that death occurred at 5:25A m., from the causes and on the date stated above.

23a. SIGNATURE D. Smith, M.D.	23b. ADDRESS Bolivar Mo	23c. DATE SIGNED 5-22-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May - 25 - 56	24c. NAME OF CEMETERY OR CREMATORY Mt-Olive- Cemetery	24d. LOCATION (City, town, or county) (State) Bolivar- Polk Co. Mo.
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DATE REC'D BY LOCAL REG. May 25, 1956	REGISTRAR'S SIGNATURE Ralph Gordon per J. J. [illegible]	25. FUNERAL DIRECTOR'S SIGNATURE Pitts Funeral Home	ADDRESS Bolivar, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

580

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 *Sidney G. Pitts*

Licensed Embalmer No. *49*

P. O. Address *Bolivar*

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.