

Health,
Welfare
Public
Service

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30991

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2957

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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>Livingston</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Chillicothe</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			Length of stay in 1b <u>7 days</u>	d. STREET ADDRESS <u>1321 West 3rd</u> (If outside, give location) - Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>ELBERT</u> Middle <u>V.</u> Last <u>VINSON</u>			4. DATE OF DEATH Month <u>SEPT</u> Day <u>2</u> Year <u>1956</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2-18-1889</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Vending Machine</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Thomas G. Vinson</u>			
14. MOTHER'S MAIDEN NAME <u>Kueller Payne</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 <u>Mrs. Elbert V. Vinson Chillicothe, Mo.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE <u>Primary Carcinoma of lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary emphysema severe</u> DUE TO (c) <u>Coronary artery disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 mos.</u> <u>10 yrs.</u> <u>10 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>1024</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>8-26-1956</u> to <u>9-2-1956</u> and last saw her/him alive on <u>9-2-56</u> Death occurred at <u>4:45 am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>John H. Mayer</u> (Deaf or ill) <u>no</u>			22b. ADDRESS <u>4620 JCNichols Parkway</u>		22c. DATE SIGNED <u>9/2/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>SEPT. 2, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rest Haven</u>		23d. LOCATION (City, town, or county) (State) <u>CHILLICOTHE MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS, KANSAS CITY, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>9-3-56</u>		26. REGISTRAR'S SIGNATURE <u>neva minishall</u>	

1952

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 *Albert J. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.