

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38511**
246

FILED NOV 30 1956

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **4247** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper		c. CITY OR TOWN Jasper	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 yrs.		e. STREET ADDRESS (If rural, give location) North Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Main Street			

3. NAME OF DECEASED (Type or Print) a. (First) Burl b. (Middle) Osborne c. (Last) Vincent			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Sweetwater, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Vincent	13b. MOTHER'S MAIDEN NAME Hannah Vincent	14. NAME OF HUSBAND OR WIFE Lena Dean Dickerson
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Vincent, Jasper, Mo.	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of urinary bladder 4 yrs.		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 181X	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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **1-1-1951**, to **11-14-1956**, that I last saw the deceased alive on **11-10-1956**, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Knott M.D.	23b. ADDRESS Jasper, Mo.	23c. DATE SIGNED 11-16-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 16, 1956	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Jasper, Mo.
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DATE REC'D BY LOCAL REG. 11-16-56	REGISTRAR'S SIGNATURE W. H. Knott	FUNERAL DIRECTOR'S SIGNATURE Martin Schweg	ADDRESS Jasper, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File
Date Filed **NOV 20 1956**

NOV 30 1956

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 *Jawson L. Sharp*

Licensed Embalmer No. *49*

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