

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23721

STATE FILE NUMBER

FILED JUL 25 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 456

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Butler | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. | | a. STATE Mo. | | b. COUNTY Butler | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1535 Truman St. | | Length of stay in lb | | c. CITY OR TOWN Poplar Bluff | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First Claude | | Middle Ray | | Last Vincent | | Month July 11, 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | | 8. DATE OF BIRTH Oct. 9, 1899 | |
| 9. AGE (In years last birthday) 57 | | 10. KIND OF BUSINESS OR INDUSTRY City Street Dept. | | 11. BIRTHPLACE (City and state or country) Campbell, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME James Vincent | | | | 14. MOTHER'S MAIDEN NAME Alta Warren | | | |
| 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. 499-20-7257 | | 17. INFORMANT Bessie Vincent, Poplar Bluff, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Gastro-intestinal Tract | | | | | | 97/10 | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) _____ | |
| | | | | | | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? 2 | |
| | | | | | | 159X | |
| 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 7-7-57 to 7-11-57 and last saw ^{her} _{him} alive on 7-10-57 . Death occurred at 7:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) W. H. Beirton, M.D. | | | | 22b. ADDRESS Poplar Bluff, Mo. | | 22c. DATE SIGNED 7-16-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7-14-57 | | 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | | 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. | |
| 24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo. | | | 25. DATE RECD. BY LOCAL REG. 7/20/57 | | 26. REGISTRAR'S SIGNATURE [Signature] | | |

(Licensed Embalmer's Statement on Reverse Side)

1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th.

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE.

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

JUL 22 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *James W. Green* _____

Licensed Embalmer No. *2*

P. O. Address *Poplar B*

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