

FILED MAY 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015323

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 33

5. 300
1-57
60

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Worthington Elm</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Worthington</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>NONE</u> Last <u>VINCENT</u>			4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>'58</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>Aug 19, 1881</u>	9. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months Days Hours Min. <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Putnam County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>David Vincent</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Parkerson</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Vincent</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-14-8604A</u>	17. INFORMANT Address <u>W D Vincent Worthington Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Generalized Arteriosclerosis</u>					<u>10 yrs.</u>
DUE TO (c) <u>Hypertension</u>					<u>444X 10 yr</u>
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? YES <input type="checkbox"/> NO <input checked="" 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.) <u>-</u>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		<u>-</u>			
20d. INJURY OCCURRED WHILE AT <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>8/23/50</u> to <u>4/25/58</u> and last saw him alive on <u>4/25/58</u> Death occurred at <u>5:15 P m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edward M. Roberts M.D.</u>			22b. ADDRESS <u>Queen City, Mo.</u>		22c. DATE SIGNED <u>4/26/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>April 27 '58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Graysville Mo.</u>
24. FUNERAL DIRECTOR <u>Dealey Funeral Home</u>		ADDRESS <u>Queen City</u>		25. DATE RECD. BY LOCAL REG <u>5-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Marshall Jackson</u>

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 *Jack H. Dwyer*

Licensed Embalmer No. 4619

P. O. Address ... *Queen City*

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.