URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 17 1959

'59 043809 STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 216

ENDED

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1125 Independence Ave — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Kennett — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1125 Independence Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Joan Middle Last Vinson

4. DATE OF DEATH Month Day Year December 3rd-1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Widowed ☐ Never Married XX Divorced ☐
8. DATE OF BIRTH 10-3-1942
9. AGE (last birthday) 17 — IF UNDER 1 YEAR Months 2 Days 10 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolgirl
10b. KIND OF BUSINESS OR INDUSTRY XX
11. BIRTHPLACE (City and state or country) Decator Mich.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Willie Vinson
13b. MOTHER'S MAIDEN NAME Ada Foster
14. NAME OF HUSBAND OR WIFE XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. None
17. INFORMANT Willie Vinson Address Kennett Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 3 years
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) Cirrhosis of the Liver
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-7-59, to 12-3-59 and last saw her alive on 12-3-59
Death occurred at 7.30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Quinton Tames M.D.
22b. ADDRESS Kennett Mo.
22c. DATE SIGNED 12-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-6-1959
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery
23d. LOCATION (City, town, or county) Kennett (State) Mo.

24. FUNERAL DIRECTOR Lentz Service ADDRESS Kennett Mo.
25. DATE RECD. BY LOCAL REG. 12-8-1959
26. REGISTRAR'S SIGNATURE Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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