

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031822

STATE FILE NUMBER

Registration District No. 17 Primary Registration District No. 3005 Registrar's No. 127

FILED OCT 13 1961

AMENDED

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Length of stay in lb 65 days	c. CITY OR TOWN Garden City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co. Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 Middle Last Harry Roger Vinson			4. DATE OF DEATH Oct 30 7 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/7/1900
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ball Room Operator		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Florahome, Florida
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George E. Vinson	
13b. MOTHER'S MAIDEN NAME Effie L. Rogers		14. NAME OF HUSBAND OR WIFE Myrtle Vinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. Mr. Jack Vinson - Sometown, Pa.	
17. INFORMANT Mr. Jack Vinson - Sometown, Pa.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Cor pulmonale DUE TO (c) Pulmonary emphysema			INTERVAL BETWEEN ONSET AND DEATH 3 mo. 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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.) None	
20c. TIME OF INJURY Hour a.m. p.m. None	Month, Day, Year None	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION Butler, Mo	COUNTY STATE
21. I attended the deceased from August 1961 to 10-7-61 and last saw him alive on 10-7-61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Douglas Howard		22b. ADDRESS Butler, Mo	22c. DATE SIGNED 10-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/10/1961	23c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery	23d. LOCATION (City, town, or county) (State) Garden City, Missouri
24. FUNERAL DIRECTOR Atkinson-Haley		ADDRESS St. Louis City, Mo	25. DATE RECD. BY LOCAL REG. Oct. 10-1961
26. REGISTRAR'S SIGNATURE Kendall Korum			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

OCT 25 1961

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 *Billy J. Clifty*

Licensed Embalmer No. 4685

P. O. Address Shelton City, Mo.

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.