

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035314

**D VS SEP 20 1960**

Registration District No. 163 Primary Registration District No. 1893 Registrar's No. 61

STATE FILE NUMBER

|   |  |  |   |  |   |  |  |
|---|--|--|---|--|---|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Jefferson</u><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Plattin Twp.</u> Length of stay in 1b <u>7 years</u><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rose Hill Rest Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u><br>c. CITY OR TOWN <u>Plattin Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <u>Route #1, Festus, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print) First <u>William</u> Middle <u>Park</u> Last <u>Vineyard</u>   |  |  | <b>4. DATE OF DEATH</b> Month <u>Sept.</u> Day <u>10</u> Year <u>1960</u> |  |   |  |  |
| <b>5. SEX</b> <u>M</u>  | <b>6. COLOR OR RACE</b> <u>W</u>   | <b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | <b>8. DATE OF BIRTH</b> <u>7 Sept, 1870</u>                               | <b>9. AGE</b> (last birthday) <u>90</u>  | <b>IF UNDER 1 YEAR</b><br>Months _____ Days _____ Hours _____ Min. _____  |  |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Agriculture</u>  |   | <b>11. BIRTHPLACE</b> (City and state or county) <u>Ste. Genevieve County, Mo.</u>   |   |  |  |
| <b>13a. FATHER'S NAME</b> <u>Tate Vineyard</u>  |  | <b>13b. MOTHER'S MAIDEN NAME</b> <u>Charlotte Vineyard</u>   |   | <b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary Sewald</u>  |   |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  | <b>16. SOCIAL SECURITY NO.</b> <u>None</u>   |   | <b>17. INFORMANT</b> <u>Mrs. Melba Ecker, 913 Vine, Festus, Mo.</u> Address _____  |   |  |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>- PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia lobar</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  |  |   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br>_____  |  |  |
| <b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)<br><u>Generalized arteriosclerosis</u>   |  |  |   |  | <b>PART III. If deceased was female was there a pregnancy in last 90 days.</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)  |   |  |   |  |  |
| <b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____  |  |  |   |  |   |  |  |
| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | <b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____   |   |  |  |
| <b>21. I attended the deceased from</b> <u>June 1957</u> to <u>September 8, 60</u> and last saw <sup>her</sup> him alive on <u>Sept 8, 60</u><br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.   |  |  |   |  |   |  |  |
| <b>22a. SIGNATURE</b> <u>Bertalan Belgar MD</u> (Degree or title)   |  |  | <b>22b. ADDRESS</b> <u>Festus, Mo</u>                                     |  | <b>22c. DATE SIGNED</b> <u>9/18/60</u>  |  |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>  |  | <b>23b. DATE</b> <u>Sept. 13, 1960</u>   | <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Methodist Cemetery</u>       |  | <b>23d. LOCATION</b> (City, town, or county) <u>Festus, Missouri</u> (State) _____  |  |  |
| <b>24. FUNERAL DIRECTOR</b> <u>Vinyard Fun'l. Homes, Inc., Festus, Mo.</u> ADDRESS _____  |  |  | <b>25. DATE RECD. BY LOCAL REG.</b> <u>Sept. 12-1960</u>                  |  | <b>26. REGISTRAR'S SIGNATURE</b> <u>Marie Harris</u>  |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer, No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald J. Dinger

Licensed Embalmer No. 4760

P. O. Address Testes

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