

Dr. H. J. Harrell  
FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38920A**

BIRTH NO.		REG. DIST. NO. <b>282</b>		PRIMARY REG. DIST. NO. <b>5979</b>		Registrar's No. <b>93</b>			
1. PLACE OF DEATH a. COUNTY <b>Polk</b> b. CITY OR TOWN <b>Willard</b> c. LENGTH OF STAY (in this place)				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b> c. CITY OR TOWN <b>Willard</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) <b>Leann</b> (First) <b>J</b> (Middle) <b>Hinkle</b> (Last)				4. DATE OF DEATH (Month) <b>7</b> (Day) <b>18</b> (Year) <b>1943</b>					
5. SEX <b>F</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept 10 1866</b> 77 2 8			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Park Co, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Jacob Hinkle</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Alice Hamilton</b>		14. NAME OF HUSBAND OR WIFE <b>J. A. Hinkle</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See No. of unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J. A. Hinkle</b> ADDRESS <b>Willard Mo</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>10-2-1943</b> to <b>Nov 15, 1943</b> that I last saw the deceased alive on <b>Nov 15, 1943</b> and that death occurred at <b>5:30 P.M.</b> from the causes and on the date stated above.									
23a. SIGNATURE <b>H. J. Harrell M.D.</b> (Degree or title)				23b. ADDRESS <b>Waukegan, Ill.</b>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-20-43</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near Willard Mo</b>			
DATE REC'D BY LOCAL REG. <b>Aug 20, 1955</b>		REGISTRAR'S SIGNATURE <b>Ralph Gordon per Jewell L. Green</b>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <b>Blue Bolivar Mo</b>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 24 1955

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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 *Chas Jester*.....  
Licensed Embalmer No. *4154*.....  
P. O. Address *Bolivar, m*.....

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.