

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

FILED DEC 6 1945

37013

1. PLACE OF DEATH
 County Laclede Registration District No. 92 27
 Township Lackwood Primary Registration District No. 5334
 City (No.) St. Ward)

2. FULL NAME Living Grant Hines
 (a) Residence, No. Lackwood Rural St., Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Hines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Stockman
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation. 50 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 1

FATHER
 13. NAME H. J. Hines
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 1

MOTHER
 15. MAIDEN NAME Martha A. Hartley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 1

17. INFORMANT Margaret Pyle
 (ADDRESS) Lackwood Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lackwood DATE 1945

19. UNDERTAKER Lo Ray Caldwell
 (ADDRESS) Lackwood Mo.

20. FILED 10-28, 1945 M B Bush
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1945

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1945 to Oct 20, 1945
 I last saw him alive on Oct 20, 1945 Death is said to have occurred on the date stated above, at 7:05 P. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism
Prostatic Carcinoma
 Date of onset

Other contributory causes of importance:
51 lb

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Herschel Plakey M. D.
 (Address) Greenfield, Mo.

1402

-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

Signed

Ray Caldwell
Licensed Embalmer No. 3380

Address

Lawrence, Mo.