

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **18683**

FILED JUN 25 1948

Registration District No. **3.2**Primary Registration District No. **3006**Registrar's No. **169**

1. PLACE OF DEATH:

(a) County **Boone**
 (b) City or town **Columbia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Boone County Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 Weeks** (Specify whether
 In this community **Lifetime**
 years, months or days)

3. (a) PRINT FULL NAME **MYRTLE KATHRYN HINSHAW**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **L.T. Hinshaw** 6. (c) Age of husband or wife if alive **24** years
 7. Birth date of deceased **Jan 6 - 24 1891** (Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **23** If less than one day
 hr. min.

9. Birthplace **Ashland** **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Thomas Jefferson Wilson**
 13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
 14. Maiden name **Riney Maria Wright**
 15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wesley Fewell**(b) Address **Star Route, Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **6-19-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Salem Cemetery**

18. (a) Signature of funeral director **Parson Funeral Service**
 (b) Address **Columbia, Mo.**

19. (a) **6-19-48** (b) **Mrs. R.E. Palmer**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
 (c) City or town **Ashland**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Route 1** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
 year **1948** hour **7** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Nov. 26** 19**46** to **June 17** 19**48**
 that I last saw her alive on **June 16** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma breast Rt. 240** Duration

Due to **generalized metastases**

Due to **50**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Carcinoma breast**
 Of operations **2 axillary metastases**
 Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Edwin E. Palmer** (M. D. or other)
 Address **Columbia Mo** Date signed **6/19/48**

RECEIVED
District Health Officer No. 9,
District File Number
JUN 24 1948
Date Filed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Chas L. Daring

Licensed Embalmer No.....

4132

P. O. Address.....

Columbia, Md.

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 this body is not embalmed, fact should be so stated above.