

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19181

FILED JUN 27 1949

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 541-0

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>60 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1539 N. Jefferson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harley</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Hinkley</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>June 17 1949</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>22 August 1862</b>	9. AGE (In years last birthday) <b>86</b>	10 UNDER 1 YEAR Months	11 UNDER 12 HRS. Hours	12 UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police officer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Police</b>	11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Mary Elizabeth Hinkley</b>	ADDRESS <b>Springfield</b>
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19. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>2 wks.</b>  <b>1 yea.</b>  <b>many yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cachexia + Emaciation + Senility</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Biliary Tract obstruction</b> <b>Fistula between gall bladder + common duct</b> DUE TO (c) <b>+ duodenum</b>		
II. OTHER SIGNIFICANT CONDITIONS " <b>Chronic gall bladder disease</b> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>22 Apr 49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Pyloric obstruction</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <b>545X</b>
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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?
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22. I hereby certify that I attended the deceased from 15 April, 1949, to 17 June, 1949, that I last saw the deceased alive on 16 June, 1949, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Samuel E. Krabb, M.D.</b>	(Degree or title)	23b. ADDRESS <b>1630 N. Jefferson</b>	23c. DATE SIGNED <b>17 June 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-20-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo</b>
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DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>W. H. Hamey</b>	25. FUNERAL DIRECTOR'S SIGNATURE: <b>J. W. Klingner + Co.</b>	ADDRESS <b>Springfield, Mo.</b>
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SEP 15 1949

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.

Signed \_\_\_\_\_

*Max Rodus*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*4074  
Springfield*

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.