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

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9134

BIRTH NO. _____ REG. DIST. NO: 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Independence) c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) Independence
d. STREET ADDRESS (If rural, give location) 716 Proctor Place

1484
0

3. NAME OF DECEASED
a. (First) Jennie b. (Middle) C c. (Last) Hinde

4. DATE OF DEATH (Month) (Day) (Year)
Mar. 19, 1950

5. SEX female 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Nov. 9, 1862

9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY self employed

11. BIRTHPLACE (State or foreign country) Virginia City, Ills

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James McIntosh

13b. MOTHER'S MAIDEN NAME Mary M. Willock

14. NAME OF HUSBAND OR WIFE John W. Hinde (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Edgar G. Hinde, Independence, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture neck femur

INTERVAL BETWEEN ONSET AND DEATH 5 days

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

5 days

20

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatism carcinoma of lower colon

3 days

7 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES NO

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) mch 14 1950 6 m

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Fall from chair at home

22. I hereby certify that I attended the deceased from mch 14, 1950, to mch 19, 1950, that I last saw the deceased alive on mch 19, 1950, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE J. G. Hutchinson M.D. (Degree or title)

23b. ADDRESS Independence Mo

23c. DATE SIGNED mch 20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Mar. 20, 1950

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State) Independence, Mo.

DATE REC'D BY LOCAL REG. MAR. 20-1950

REGISTRAR'S SIGNATURE

35425 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Independence, Mo.

MAR. 28 RECD

MAR 31 1950

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 _____
Student Embalmer

Signed

Tom D. Markland

Licensed Embalmer No.

4592

P. O. Address

Indep. Mo.

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.