

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12710

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5501 Registrar's No. _____

400

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp 04 00</u>	
c. LENGTH OF STAY (In this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>3 mile N of Martinsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mile N of Martinsville</u>			

3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Sanford</u> c. (Last) <u>Hines</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 16 1950</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb 23 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hartford City Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Silace Hines</u>		13b. MOTHER'S MAIDEN NAME <u>Dora No</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Haines</u> <u>Divorced</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clinton Hines Martinsville Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Fracturing</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>enlarged prostate</u>						4211	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 March 20, 1950, to April 16, 1950, that I last saw the deceased alive on April 15, 1950, and that death occurred at 7 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. M. Priest 2nd</u>		23b. ADDRESS <u>Belknap Mo</u>		23c. DATE SIGNED <u>April 16, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Apr 20 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Midwell cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison county Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 22-50</u>		REGISTRAR'S SIGNATURE <u>Chas. Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W & Noble New Hampton</u>	
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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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.