

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16095

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 1166

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| 1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 2# 0160</u> | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>4 mi. North of Chaffee, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Theodore</u> b. (Middle) <u>M.</u> c. (Last) <u>Hinkebein</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 50</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 16, 1889</u> |
| 9. AGE (In years last birthday) <u>61 yrs 2</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | 11. BIRTHPLACE (State or foreign country) <u>Leopold, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 10a. USUAL OCCUPATION | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE | 12. CITIZEN OF WHAT COUNTRY? |

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| 13a. FATHER'S NAME <u>Theodore Hinkebein</u> | 13b. MOTHER'S MAIDEN NAME <u>CATHERINE SCHRECKENBERG</u> | 14. NAME OF HUSBAND OR WIFE <u>OLIVIA HINKEBEIN</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> | 16. SOCIAL SECURITY NO. <u>—</u> | 17. INFORMANT'S SIGNATURE (PRINT NAME) <u>Olivia Hinkebein</u> ADDRESS <u>Rd 2</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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>2 years</u> <u>33 IX</u> |
| | ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive</u> DUE TO (c) <u>Diabetes</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 5/22/50, 1950, to 5/22, 1950, that I last saw the deceased alive on 5/22, 1950, and that death occurred at Lisp, Mo., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W D Jones M D</u> (Degree or title) | 23b. ADDRESS <u>Chaffee Mo.</u> | 23c. DATE SIGNED <u>5/26/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 24 50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Ambrose Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Chaffee Mo.</u> | DATE REC'D BY LOCAL REG. <u>5-29-1950</u> | REGISTRAR'S SIGNATURE <u>C. C. S.</u> |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chaffee Mo.</u> | ADDRESS <u>Chaffee Mo.</u> | |

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

JUN 6 1950

EMERALD HEALTH OFFICE No. 1

650-755

JUN 6 1950

STATEMENT BY LICENSED EMBALMER

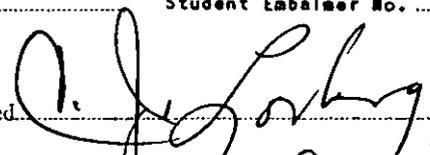
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No.

3810

P. O. Address

Cape Girardeau

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.