

No. 300  
10-48

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21120

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5907 Registrar's No. 22

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

780

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Remick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cooter rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cooter Cooter Pop.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cooter Pop</u>		d. STREET ADDRESS (If rural, give location) <u>Post Office</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lennie</u>	b. (Middle) <u>Hinson</u>	c. (Last) _____	d. DATE OF DEATH (Month) (Day) (Year) <u>6-10-50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Cal</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH _____	9. AGE (In years last birthday) <u>alt 42</u>	IF UNDER 1 YEAR Months _____	IF UNDER 6 HRS. Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Lexington Co. Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Sam Hinson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Banks</u>	14. NAME OF HUSBAND OR WIFE _____
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John Thales Hunning</u>	ADDRESS <u>Cooter Miss</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun-Shell Wound In Chest</u>		
	ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E7817	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, in a factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cooter, Remick, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 10, 1950 6:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fights</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James A. Osburn, Coroner</u>	23b. ADDRESS <u>Wardell, Mo</u>	23c. DATE SIGNED <u>6-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Steele, Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-20-50</u>	REGISTRAR'S SIGNATURE <u>L.H. Hinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>German Wutt Co</u>	ADDRESS <u>Steele Mo</u>
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6-50-163

JUN 24 RECD

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PENNSCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 792  
CARUTHERSVILLE, MO.

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 \_\_\_\_\_

*John H. German*  
Licensed Embalmer No. *7355*

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

P. O. Address *Hayti, 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.