

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26368

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u> <u>0251</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1208 W 4th</u>		d. STREET ADDRESS (If rural, give location) <u>1208 W 4th</u>	

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>Hinton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 19-50</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 18-1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months Days <u>0</u>	IF UNDER 28 HRS: Hours Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Darwin</u>		11. BIRTHPLACE (State or foreign country) <u>Calwell Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James Hinton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Kathleen Hinton</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>James H. Hinton</u> <u>4221</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Degeneration</u>		
	DUE TO (c) <u>Chronic Myocarditis</u> <u>Generalized Arteriosclerosis</u> <u>Hypertension</u>		
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)	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 June 1947, to May 19, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

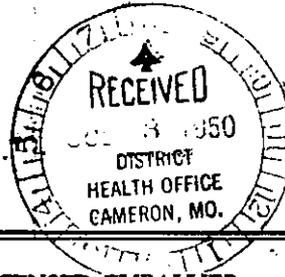
23a. SIGNATURE (Dee or title) <u>W.C. Cameron</u>	23b. ADDRESS <u>Cameron Mo.</u>	23c. DATE SIGNED <u>5-29-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garnett Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Garnett</u> <u>Kansas</u>		

DATE REC'D BY LOCAL REG. <u>6-27-50</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Mosby</u>	390	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Poland Funeral Home</u> <u>Cameron</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

125
1



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

Robert Poland

Licensed Embalmer No. *4777*

P. O. Address *222 West 24 St
Cameron, Missouri*

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.