

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32924

State File No.

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5224 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Grant River Twp.</u>	c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Dolan Twp. 0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi S.E. of Freeman</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>HINKLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 11 - 1935</u>
9. AGE (In years last birthday) <u>15</u>		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) <u>In school</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Santa Fe New Mexico</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Maynard Hinkle</u>	
13b. MOTHER'S MAIDEN NAME <u>Esther Chapman</u>		14. NAME OF HUSBAND OR WIFE <u>—</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>487-34-0537</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Hinkle Freeman</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>—</u>		ADDRESS <u>Freeman Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURE SKULL</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, 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. <u>—</u>	
DUE TO (b) <u>—</u>		DUE TO (c) <u>—</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		Fell 1 501 0 x 26	
19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HARRISONVILLE - CASS NOV. 9, 1950</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 9 1950 4:30 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>2 CARS COLLIDED</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Nov. 9</u> , 19 <u>50</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>Nov. 10, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 13 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Freeman Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov. 10, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE <u>Remmenburgis Harrisonville</u>
ADDRESS <u>—</u>			

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

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RECEIVED

NOV 13 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. 369

working under my personal supervision.

Student B. J. Lindley
Student Embalmer

Signed Ernest Wannenburger

Licensed Embalmer No. 33680

P. O. Address Harrisonville, 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.