S. No. 300
v. 10.48

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39510

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL SALT POND TWP
c. LENGTH OF STAY (In this place): 17 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SALINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL SALT POND TWP
d. STREET ADDRESS (If rural, give location): MILES NORTH E. OF EMMA, MO

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) WILLIAM c. (Last) HINCK

4. DATE OF DEATH (Month) NOV (Day) 20 (Year) 1950

5. SEX: MALE **6. COLOR OR RACE:** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED **8. DATE OF BIRTH:** DEC 24. 1894 **9. AGE** (In years last birthday): 55 IF UNDER 1 YEAR: Months 10 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING **10b. KIND OF BUSINESS OR INDUSTRY:** — **11. BIRTHPLACE** (State or foreign country): ALMA, MISSOURI **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

13a. FATHER'S NAME: JOHN HINCK **13b. MOTHER'S MAIDEN NAME:** LIZZIE BRACE **14. NAME OF ~~HUSBAND~~ OR WIFE:** MRS TILLIE HINCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): **16. SOCIAL SECURITY NO.:** NO **17. INFORMANT'S SIGNATURE OR NAME:** MRS TILLIE HINCK **ADDRESS:** EMMA, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 414 X

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 20 NOV, 1950, *to* 20 NOV, 1950, *that I last saw the deceased alive on* 20 NOV, 1950, *and that death occurred at* 8:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph H. Jones (Degree or title) M.D. **23b. ADDRESS:** Sweet Springs, Mo **23c. DATE SIGNED:** 21 NOV 50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **24b. DATE:** NOV 23. 1950 **24c. NAME OF CEMETERY OR CREMATORY:** HOLY CROSS CEMETERY **24d. LOCATION** (City, town, or county) (State): EMMA, MO

DATE REC'D BY LOCAL REG.: 11/21/50 **REGISTRAR'S SIGNATURE:** Dolly Andrews 293 **25. FUNERAL DIRECTOR'S SIGNATURE:** E. L. James **ADDRESS:** Concordia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11/27/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 11-27-50

OCT 8 1952

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 E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.