

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41761**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **148**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give town or township) Louisiana		c. LENGTH OF STAY (in this place) 3 days	
c. CITY (If outside corporate limits, write RURAL and give township) Elsberry,		0571	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) EDGAR		b. (Middle) FRANKLIN	
c. (Last) HINDS		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1950	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 17, 1878
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm owner	
10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Auburn, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Israel Hinds	
13b. MOTHER'S MAIDEN NAME Elizabeth Cannon		14. NAME OF HUSBAND OR WIFE Edna (nee Gladney) Hings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna Hinds - Elsberry, 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) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebrovascular Accident DUE TO (c) r left sided hemiplegia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7 wks	
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) 331X			
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 12-22-1950 to 12-25, 1950 , that I last saw the deceased alive on 12-24, 1950 , and that death occurred at 5:40 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Chas. H. Linnell (Degree or title) M.D.		23b. ADDRESS Louisiana, Missouri	
23c. DATE SIGNED 12-26-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-50	
24c. NAME OF CEMETERY Mill Creek		24d. LOCATION (City, town, or county) (State) Lincoln County, Missouri	
DATE REC'D BY LOCAL REG. Dec. 27, 1950		REGISTRAR'S SIGNATURE Bernice Collier 374	
25. FUNERAL DIRECTOR'S SIGNATURE Harold...		ADDRESS Elsberry, Mo.	

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

FEB 28 1956

Date Received: JAN 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-5
Date Filed: JAN 10 1951

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *[Handwritten Signature]*

Licensed Embalmer No. 4012

P. O. Address Elmhurst, 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.