

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **722**

FILED JAN 26 1951

BIRTH NO. **1123-51** REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **41-76** Registrar's No. **1**

0351

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

1. PLACE OF DEATH a. COUNTY Stoddard DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Malden (air Base)		c. CITY (If outside corporate limits, write RURAL and give township) Malden Mo., Air Base	
c. LENGTH OF STAY (in this place) 7 mo		d. STREET ADDRESS (If rural, give location) House 1030 A	
d. FULL NAME OF HOSPITAL OR INSTITUTION (Res.)			
3. NAME OF DECEASED a. (First) Donnie b. (Middle) Edward c. (Last) Hinchcliff		4. DATE OF DEATH (Month) (Day) (Year) Jan. 13-1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 5:45 AM Jan. 13-1951
9. AGE (16 years last birthday) 7 IF UNDER 1 YEAR Months 7 Days 1 IF UNDER 4 HRS. Hours 1 Min.		11. BIRTHPLACE (State or foreign country) Mo ()	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME Charles E. Hinchcliff		13b. MOTHER'S MAIDEN NAME Nora Leslie	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT'S SIGNATURE OR NAME (in care of) ADDRESS Charles E. Hinchcliff - Malden 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, lungs, bilateral, congenital INTERVAL BETWEEN ONSET AND DEATH Birth ANTECEDENT CAUSES Morbid 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. 7620	
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 6:45 am 13 Jan 51 to Jan 13 1951 , that I last saw the deceased alive on 13 Jan 1951 , and that death occurred at 11:45 pm. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Williams, M.D.		23b. ADDRESS Malden, Mo	
23c. DATE SIGNED 14 Jan 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 14 1951	
24c. NAME OF CEMETERY OR CREMATORY HAZEL Cemetery - Kennett Mo		24d. LOCATION (City, town, or county) (State) no	
DATE REC'D BY LOCAL REG. Jan. 18, 1951		REGISTRAR'S SIGNATURE J. G. Schumann	
25. FUNERAL DIRECTOR'S SIGNATURE R. E. Smith		ADDRESS	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-22-51

COUNTY FILE NUMBER 151-19

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 _____

NOT EMBALMED

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.