

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 881
Registrar's No. 22

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5458

0390
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1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u> <u>0390</u>	
c. LENGTH OF STAY (in this place) <u>6 Yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>Carmel</u>	c. (Last) <u>Hinkle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 26, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 11, 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR <u>9</u> Months <u>15</u> Days	IF UNDER 18 HRS. <u>0</u> Hours <u>0</u> Min.
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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>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sidney Smith Hinkle</u>	13b. MOTHER'S MAIDEN NAME <u>Miranda Tuck</u>	14. NAME OF HUSBAND OR WIFE
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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>491-05-0218</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Hinkle, Walnut Grove, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		<u>5 MIN.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		<u>4201</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JAN 1, 1948, to Jan. 26, 1951, that I last saw the deceased alive on JAN. 26, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. P. Davis D.O.</u>	23b. ADDRESS <u>Walnut Grove Mo.</u>	23c. DATE SIGNED <u>1/26/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>January 29, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Polk Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/29/51</u>	REGISTRAR'S SIGNATURE <u>Crewe G. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim Funeral Service, Walnut Grove, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 51-1-4

Date Filed 1-31-51

RECEIVED

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.

Signed Warren D. Noble

Signed _____
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Cash Grove 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.