No. 300
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FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5579 State File No. 5117

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. ~~[illegible]~~ Registrar's No. 4N

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Mineral Twp
c. LENGTH OF STAY (in this place): 50 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oronogo, Mo. Rt. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0490
d. STREET ADDRESS (If rural, give location): Oronogo, Mo. Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Hinkle

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 1866
9. AGE (In years last birthday): 85 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Butler, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
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): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Harvey Dixon, Oronogo, Mo. Rt. # 1

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) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

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.
4/201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ X

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* 3-3, 1951, *to* 3-3, 1951, *that I last saw the deceased alive on* 3-3, 1951, *and that death occurred at* 11:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Slaughter D.O.
23b. ADDRESS: Webb City Mo
23c. DATE SIGNED: 3/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 5, 1951
24c. NAME OF CEMETERY OR CREMATORY: Oronogo Cemetery
24d. LOCATION (City, town, or county) (State): Oronogo, Missouri

DATE REC'D BY LOCAL REG.: Mch 5-51
REGISTRAR'S SIGNATURE: O. L. Antchell M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Johnston-Arnce-Simpson, Webb City, Mo. F.C.A. Mortuary

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-13-51
Jasper County Health Office

County File Number 51-2-196

Date Filed 3-13-51

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 myself

.....

working under my personal supervision.

Student Embalmer No.....

Signed Clayton M. Johnston

Signed.....
Student Embalmer

Licensed Embalmer No. 4364

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.