

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 13386BIRTH NO. 29278-50 REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4364 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stella, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin, Missouri 1495</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>610<sup>1/2</sup> St. Louis St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cardwell Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Larry</b> (Type or Print)			b. (Middle) <b>Earl</b>		c. (Last) <b>Hinds</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 9 1951</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>May 14 1950</b>		9. AGE (in years last birthday) <b>10</b> Months <b>26</b> Days		IF UNDER 1 YEAR Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Stella, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>Max Eugene Hinds</b>		13b. MOTHER'S MAIDEN NAME <b>Earlene Lagen</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Max Eugene Hinds</b>		ADDRESS <b>Joplin, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Acute Myocardial Infarction</b>			
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>		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.							

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)	
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?	

22. I hereby certify that I attended the deceased from 4/16/51, 1951, to 4/19/51, 1951, that I last saw the deceased alive on 4-9-, 1951, and that death occurred at 10:22 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>Cardwell M.D.</b>		23b. ADDRESS <b>Stella Mo</b>		23c. DATE SIGNED <b>4/19/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/11/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>S. Stella, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>4-23-1951</b>		REGISTRAR'S SIGNATURE <b>Alpha Dyer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm Morris Pope</b>		ADDRESS <b>Wheaton Mo</b>	
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RECEIVED

District Health Officer No. Newton Co. Health Dept.  
District File Number 551-107  
Date Filed 5/1/51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed James Kenneth Duncan

Licensed Embalmer No. 47697

P. O. Address Wheaton, 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.