

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31147

State File No. \_\_\_\_\_  
Registrar's No. 212

BIRTH NO. 163299-51 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> <u>0893</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>223 S. Sturgeon St. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M'Comick Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Lee</u> c. (Last) <u>Hinton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 10 - 1951</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept 10, 1951</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>4</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Clifford Hinton</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Collins</u>	
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 <u>Mrs. Helen Hinton</u>		ADDRESS <u>Moberly Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>9-10</u> , 19 <u>51</u> , to <u>9-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-10</u> , 19 <u>51</u> , and that death occurred at <u>8:04 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. S. Jolly</u>		23b. ADDRESS <u>500 1/2 N. Clark, Moberly, Mo</u>	
23c. DATE SIGNED <u>9/11/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept. 12-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-12-51</u>		REGISTRAR'S SIGNATURE <u>Robert L. Carr</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. Carr</u>		ADDRESS <u>Moberly</u>	

Date Received: SEP 17 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-51-164  
Date Filed: SEP 17 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert L. Caw*

Licensed Embalmer No. *3190*

P. O. Address *Mohely 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.